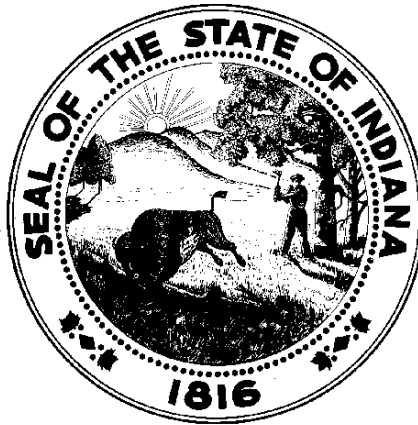


Officer's Standard Crash Report Manual



**Indiana State Police
Crash Records Section**

317-232-8286

Second Edition- 5/2004

PREFACE

Traffic crashes pose an ever-present threat to the public's safety and well being. Professional investigation and reporting of traffic crashes are universally recognized and accepted functions necessary for the maintenance of a modern day transportation system. If Indiana is going to continue to make a positive impact on reducing the number of highway crash related injuries and fatalities, the completeness and accuracy of the crash data is critical to future decision-making. Two federal manuals, ANSI D16.1-1196 Manual on Classification of Motor Vehicle Traffic Accidents and the Model Minimum Uniform Crash Criteria, have been used to provide uniform definitions, classifications and to comply with other federal requirements.

The data from all reported crashes in Indiana is analyzed annually to identify current and emerging safety issues. This process has helped to identify problem areas, which have led to roadway and design improvements in an effort to reduce the number of crashes. Without complete and accurate crash data, this process would not be possible.

Traditionally speaking, police officers have been the designated authorities to carry out the public responsibility of data collection, and have readily accepted crash investigation as a basic part of their everyday duties. As a result of this, this report was developed not only for the groups interested in the data but also for the officer completing it. We sincerely appreciate your efforts and cooperation in this extremely important process.

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INDIANA CODES

IC 9-26-2-4

Sec. 4. (a) A law enforcement officer shall enforce IC 9-21 and IC 9-25 against the parties to a motor vehicle accident on private property if the accident:

(1) occurs on commercial or other private property that is open to the public; and

(2) results in:

(A) personal injury or death; or

(B) property damage to an apparent extent greater than \$1,000.

(b) This section does not affect the power of a local government unit to contract with the owner or lessee of a shopping center or private business property under IC 9-21-18-4.

IC 9-26-3-2

Sec. 2. An accident report required to be made in writing must be made on the appropriate form approved by the state police department and must contain all of the required information unless the information is not available.

IC 9-26-3-5

Sec. 5. The state police department shall tabulate and may analyze all accident reports and shall publish annually or at more frequent intervals statistical information based on the reports as to the number and circumstances of traffic accidents.

IC 9-30-7-3

Sec. 3. (a). A law enforcement officer shall offer a portable breath test or chemical test to any person who the officer has reason to believe operated a vehicle that was involved in a fatal crash or a crash involving serious bodily injury.

GUIDELINES FOR SUBMITTING REPORTS TO CRASH RECORDS

- ◆ If additional clarification is needed in any phase of crash reporting, classification of reports or statistical data inquiries, contact the supervisor of Vehicle Crash Records Section at (317) 232-8286.
- ◆ Do not tear, staple or fold the report.
- ◆ The **original** copy of the report should be forwarded within ten (10) days of the crash to:
Indiana State Police, Crash Records Section
Indiana Government Center North
100 North Senate Avenue
Indianapolis, IN. 46204-2259

DETERMINING WHEN A CRASH REPORT IS REQUIRED

Motor vehicle crashes have a number of characteristics that are used to determine whether or not a crash has occurred. If the answer to each of the questions below is “yes”, the incident is a motor vehicle crash.

- 1) Did the incident involve one or more [motor vehicles](#)?
- 2) Of the motor vehicles involved, was at least one in motion?
- 3) Did the incident originate on a [trafficway](#), or on private property; and where injury or apparent damage occurred, as per [IC 9-26-2-4](#) to require a report?
- 4) Was there at least one occurrence of injury or damage, which was not a direct result of a [cataclysm](#) (act of nature)?

Note: Previously, acts of “[Deliberate intent](#)” (suicide, homicide, legal intervention, etc.) were excluded from crash reports and documented on criminal case reports; however, depending on an agency's policy, a victim or their agent could have difficulty in obtaining needed information. As a result of this, if a deliberate act meets the criteria set forth in questions 1-4, a crash report will be required in addition to any criminal report(s).

What if the vehicles are moved?

A report should be completed and is required by law if the crash involves \$1,000 or more in property damage, or when personal injury or death has occurred, regardless if the vehicle(s) have been moved prior to the officer's arrival.

DETERMINING THE NUMBER OF CRASH REPORTS NEEDED **(One Report or Two?)**

If a chain of events occurs without the situation coming to a [stabilized condition](#), it is one crash regardless of how many vehicles are involved.

Example: An object falls from a vehicle, bounces off the road and strikes another vehicle.
This would require a single crash report to be completed.

If the vehicles and conditions surrounding the crash have stabilized and another event occurs, it becomes two separate crashes.

Example: An object falls from a vehicle, bounces off the road and strikes another vehicle, this would require the completion of one report. Then after stabilization, another vehicle strikes either the object or vehicle from the first event, which would then require the completion of a second report.

DIFFERENCES BETWEEN AN ORIGINAL, A SUPPLEMENTAL AND A SUPPORTING DOCUMENT

Original: Defined as a new report submitted to crash records for the first time whether the investigation has been completed or not. Requirements for submitting an original report are:

1. The “original” oval in the upper right hand corner must be darkened in.
2. The pages must be numbered in numerical order 1 through the total number of pages being submitted. Include supporting documents in the page totals. **Note:** If submitting a page, in which only one side is used, do not include the unused page in the page total.
3. A local ID number
4. All information must be completed that is known to the investigating officer at the time the report is submitted.
5. If more than two-unit pages or a non-driver-injured page is used, the barcode box must be completed with the barcode number from the front of the general information page. If more than one general information page is used (due to more than four (4) vehicles, two (2) non-motorist, etc.), always use the barcode number from the lead information page (page 1).

Supplemental: Defined as a report that adds to a previously submitted original report. Examples: Results received from a pending blood test or a hit and run driver is identified, etc. Requirements for submitting a supplemental document are:

1. A General Information page
 - a. The “supplemental” oval in the upper right corner must be darkened in.
 - b. The pages must be numbered in numerical order starting with the number 1 through the total number of pages being submitted. Include supporting documents in the page total. **Note:** If submitting a page in which only one side is used, do not include the unused page in the page total.
 - c. The nine-digit barcode number from the original report must be entered into the barcode boxes.
 - d. A local ID number
 - e. Driver(s) name
2. The Diagram/Narrative page
 - a. The nine-digit barcode number from the original report must be entered into the barcode boxes.
 - b. The investigating officer’s name, ID number, agency and date of report.
(removed previous b)

Note: The only additional items that must appear in the supplemental report are the changes or additions to the original report. Guidelines on how to make changes/additions are:

- If the information to be added/changed is minimal (i.e. results of a blood test, etc.), this can be placed in the narrative section without additional pages being required.
- If the information is a major change/addition (i.e. a hit and run driver is identified, etc.), it will be necessary to complete the appropriate page of the report that pertains to the changes/additions.

Supporting Documents: Defined as documents that are submitted with an original or a supplemental report that “supports” the investigation (examples: witness statements, diagrams and toxicology reports, etc.). Use only a white 8 ½ x 11 sheet of paper to submit a supporting document. The following information must appear on the document:

1. Pages should be numbered in numerical order in relationship to the document being supported. Example: If the original report form uses three (3) pages the first supporting document would be numbered page 4, and the second supporting document would be page 5, etc.
2. Local ID number
3. Crash date
4. Crash time
5. Crash location
6. Driver(s) name
7. Investigating officer’s printed name
8. Investigating agency name

REQUIRED PAGES **FOR A VARIETY OF REPORTS:**

There are two pages that are required to be submitted with every report ([original](#) or [supplement](#)), as shown in the first two lines of the table below. The general information page contains the bar code boxes, local ID number, and boxes for the driver's name. The diagram/narrative page provides a space to write (if needed) and a place for the officer's name and date of the submission.

Under the title "additional pages required" are the sub-titles of "type of crash" and "type of page(s)". These fields indicate what events in a crash will lead to the required use of additional pages and what those additional pages are.

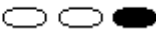

This is a basic guide of when additional pages are required; however, not all situations are covered in this guide.

The following pages will always be required for any report:	
General Information page	One page (minimum)
Diagram/Narrative Page	One page (minimum)* * This page is required even if separate diagram and narrative pages are included.
Additional pages required:	
Type of Crash	Type of Page(s)
One vehicle	One unit page
Two vehicle	Two unit pages
Three-Four vehicles	Three-Four unit pages
More than four vehicles	One additional general information page. One unit page per vehicle (minimum 5).
More than two trailers per vehicle	One additional unit page per two additional trailers*.
One-Four Non-Driver Injured	One non-driver injured page.
More than four Non-Driver Injured (NDI)	One additional non-driver injured page for every four persons injured.
Two or more non-motorists involved	One additional general information page for each non-motorists involved.
Three or more pieces of other property damaged	One additional general information page for every two pieces of other property damaged.
Additional Supporting Documents	As Many As Required

INSTRUCTIONS FOR ENTERING DATA ON THE CRASH REPORT

When handwriting the report, please be considerate of the person entering the data into the system, by ensuring that letters and numbers are legible. When a report is not legible, it is of no value either as a record or as a source of statistical information. Instructions for completing a handwritten report are:

- Print using block letters or type all of the information.
- Use only a black ballpoint pen to complete the report. *Pencils, markers, felt-tip or other colored pens are not acceptable.*
- When possible, completely spell out all words. Use only standard abbreviations when necessary.
- Do not use twenty-four (24) hour military time.
- Completely fill in the appropriate ovals on the crash report. The accuracy of the extracted data is dependent upon the correct darkening of the ovals.

Correct Method: 
Incorrect Method: 

- Corrections:
 - (a) To correct an **oval** error, a new report must be used. *Do not use white out or attempt to erase the mistake.*
 - (b) To correct the **handwritten** areas, you may use “dry” white out only.
- If an item of information is applicable, but unknown, place a (U) in the appropriate box. If the information becomes available at a later date, a supplemental report shall be submitted with the new information.
- If an area of information is not applicable, leave it blank. *Do not draw diagonal lines through the area.*

GENERAL INFORMATION

PAGE



INDIANA OFFICER'S STANDARD CRASH REPORT

State Form: 23558 (Revised 5/03) Stock 302
Mail to:
Indiana State Police, Crash Records Section
100 North Senate Avenue, Indianapolis, IN 46204



000012345

Report	<input type="radio"/> Original	Page		of	
	<input type="radio"/> Supplemental				
Local ID					

Date of Crash Month Day Year	Day of Week	Actual Local Time <input type="radio"/> AM <input type="radio"/> PM	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
Road Crash Occurred On		Nearest/Intersecting Road /MileMarker/Interchange			If not at an intersection, number of feet from	Direction	Road Class. <input type="radio"/> Interstate <input type="radio"/> US Road <input type="radio"/> State Road <input type="radio"/> County Road <input type="radio"/> Local/City Road <input type="radio"/> Other		
Inside Corporate Limits? <input type="radio"/> Yes <input type="radio"/> No		City/Town or Nearest City/Town		Property? <input type="radio"/> DNR <input type="radio"/> Private <input type="radio"/> Other	Crash Latitude		Crash Longitude		
Driver #1		Driver #2		Driver #3		Driver #4			

Fill in only one Primary Cause for the crash	
Fill in up to two ovals per vehicle for Driver Contributing Circumstances	Fill in one oval per vehicle for Vehicle and Environment Contributing Circumstances
Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4	Primary Cause Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4
Driver Contributing Circumstance <input type="checkbox"/> Alcohol/Beverages <input type="checkbox"/> Illegal Drugs <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Driver Asleep or Fatigued <input type="checkbox"/> Driver Illness <input type="checkbox"/> Unsafe Speed <input type="checkbox"/> Failure to Yield Right of Way <input type="checkbox"/> Disregard Signal/Regulatory Sign <input type="checkbox"/> Left of Center <input type="checkbox"/> Improper Passing <input type="checkbox"/> Improper Turning <input type="checkbox"/> Improper Lane Usage <input type="checkbox"/> Following Too Closely <input type="checkbox"/> Unsafe Backing <input type="checkbox"/> Overcorrecting/Oversteering <input type="checkbox"/> Ran off Road <input type="checkbox"/> Wrong Way on One Way <input type="checkbox"/> Pedestrian's Action <input type="checkbox"/> Passenger Distraction <input type="checkbox"/> Violation of License Restriction <input type="checkbox"/> Jackknifing <input type="checkbox"/> Cell Phone Usage <input type="checkbox"/> Other Telematics in Use <input type="checkbox"/> Driver Distracted (Explain in Narrative) <input type="checkbox"/> Speed Too Fast for Weather Conditions <input type="checkbox"/> Other (Explain in Narrative) <input type="checkbox"/> None	Vehicle Contributing Circumstance <input type="checkbox"/> Engine Failure or Defective <input type="checkbox"/> Accelerator Failure or Defective <input type="checkbox"/> Brake Failure or Defective <input type="checkbox"/> Tire Failure or Defective <input type="checkbox"/> Headlight(s) Defective or Not On <input type="checkbox"/> Other Lights Defective <input type="checkbox"/> Steering Failure <input type="checkbox"/> Window/Windshield Defective <input type="checkbox"/> Oversize/Overweight Load <input type="checkbox"/> Insecure/Leaky Load <input type="checkbox"/> Tow Hitch Failure <input type="checkbox"/> Other (Explain in Narrative) <input type="checkbox"/> None Environment Contributing Circumstance <input type="checkbox"/> Glare <input type="checkbox"/> Roadway Surface Condition <input type="checkbox"/> Holes/Ruts in Surface <input type="checkbox"/> Shoulder Defective <input type="checkbox"/> Road Under Construction <input type="checkbox"/> Severe Crosswinds <input type="checkbox"/> Obstruction Not Marked <input type="checkbox"/> Lane Marking Obscured <input type="checkbox"/> View Obstructed <input type="checkbox"/> Animal/Object in Roadway <input type="checkbox"/> Traffic Control Inoperative/Missing/Obscured <input type="checkbox"/> Utility Work <input type="checkbox"/> Other (Explain in Narrative) <input type="checkbox"/> None

Total Estimate of all damage in the Crash:			
<input type="checkbox"/> Under \$750	<input type="checkbox"/> \$1001-\$2500	<input type="checkbox"/> \$5001-\$10,000	<input type="checkbox"/> \$25,001-\$50,000
<input type="checkbox"/> \$750-\$1000	<input type="checkbox"/> \$2501-\$5000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> \$50,001-\$100,000
<input type="checkbox"/> \$750-\$1000	<input type="checkbox"/> \$2501-\$5000	<input type="checkbox"/> \$10,001-\$25,000	<input type="checkbox"/> Over \$100,000

Other Property Damage (Include Cargo)

Name of Object (1)	State <input type="radio"/> Yes <input type="radio"/> No	Owner's Name and Address
(2)	State <input type="radio"/> Yes <input type="radio"/> No	Owner's Name and Address

Area Information: Fill in one oval per category		
Hit and Run <input type="radio"/> Yes <input type="radio"/> No	Light Condition <input type="radio"/> Daylight <input type="radio"/> Dawn/Dusk <input type="radio"/> Dark (Lighted) <input type="radio"/> Dark (Not Lighted) <input type="radio"/> Unknown	Type of Median <input type="radio"/> Driveable <input type="radio"/> Curbed <input type="radio"/> Barrier Wall <input type="radio"/> None
Locality <input type="radio"/> Rural <input type="radio"/> Urban	Weather Conditions <input type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Freezing Rain <input type="radio"/> Fog/Smoke/Smog <input type="radio"/> Severe Cross Wind <input type="radio"/> Blowing Sand/Soil/Snow	Type of Roadway Junction <input type="radio"/> No Junction Involved <input type="radio"/> Four-Way Intersection <input type="radio"/> T-Intersection <input type="radio"/> Y-Intersection <input type="radio"/> Circle/Roundabout <input type="radio"/> Five Point or More <input type="radio"/> Interchange <input type="radio"/> Ramp
School Zone <input type="radio"/> Yes <input type="radio"/> No	Rumble Strips <input type="radio"/> Yes <input type="radio"/> No	Road Character <input type="radio"/> Straight/Level <input type="radio"/> Straight/Grade <input type="radio"/> Straight/Hillcrest <input type="radio"/> Curve/Level <input type="radio"/> Curve/Grade <input type="radio"/> Curve/Hillcrest <input type="radio"/> Non-Roadway Crash
Construction <input type="radio"/> Yes* <input type="radio"/> No <input type="radio"/> Back-up	Surface Condition <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Muddy <input type="radio"/> Snow/Slush <input type="radio"/> Ice <input type="radio"/> Loose Material on Road (Gravel etc.) <input type="radio"/> Water (Standing or Moving)	Roadway Surface <input type="radio"/> Asphalt <input type="radio"/> Concrete <input type="radio"/> Gravel <input type="radio"/> Other
Was this crash a result of aggressive driving? <input type="radio"/> Yes <input type="radio"/> No		
Traffic Control Devices <input type="radio"/> Officer/Crossing Guard/Flagman <input type="radio"/> Stop Sign <input type="radio"/> RR Crossing Gate/Flagman <input type="radio"/> Yield Sign <input type="radio"/> RR Crossing Flashing Signal <input type="radio"/> Lane Control <input type="radio"/> RR Crossing Sign <input type="radio"/> No Passing Zone <input type="radio"/> Traffic Control Signal <input type="radio"/> Other (Explain in Narrative) <input type="radio"/> Flashing Signal <input type="radio"/> None		
*Traffic Control Device Operational? <input type="radio"/> Yes <input type="radio"/> No		

Witness/Other Participant		Non-Motorist	(Last Name, First Name, MI)
<input type="radio"/> Witness <input type="radio"/> Other Participant	# (Last Name, First Name, MI)	<input type="radio"/> Pedestrian <input type="radio"/> Bicyclist <input type="radio"/> Other	Non-Motorist Action <input type="radio"/> On designated non-motorists lane <input type="radio"/> Not in roadway <input type="radio"/> On shoulder <input type="radio"/> On roadway <input type="radio"/> With traffic <input type="radio"/> Against traffic <input type="radio"/> Crossing at intersection <input type="radio"/> Crossing not at intersection <input type="radio"/> Moving <input type="radio"/> Standing <input type="radio"/> Working <input type="radio"/> Getting in or out of a vehicle <input type="radio"/> Getting off or on a school bus <input type="radio"/> Other (Explain in Narrative)
Address etc.		Apparent Physical Condition <input type="radio"/> Normal <input type="radio"/> Had Been Drinking <input type="radio"/> Handicapped <input type="radio"/> Ill <input type="radio"/> Asleep/Fatigued <input type="radio"/> Drugs/Medication <input type="radio"/> Unknown	
Phone #	Location at Time of Crash	Cited? <input type="radio"/> Yes <input type="radio"/> No	
		Direction	
		Street/Highway	
		Traffic Control? <input type="radio"/> Yes <input type="radio"/> No	
		If yes, was traffic control operational? <input type="radio"/> Yes <input type="radio"/> No	

HEADER INFORMATION

 000012345	Report	<input type="radio"/> Original	Page		of	
		<input type="radio"/> Supplemental				
	Local ID					

Bar Code: The Bar Code is a nine-digit number allowing Crash Records section to track each paper report that is submitted, and match-up all [supplemental reports](#) to the [original reports](#).

Report Type: *Darken in the oval to indicate an original (new) report or a supplement to a report that has previously been submitted.*

Page Numbers: The first page of the original and all supplemental reports will always begin with page 1.

- The **first box** always refers to the numerical order of pages in the report.
- The **second box** indicates the total number of pages used (including [supporting documents](#)) in each submission. The number in this block should be the same on every page of the report.

When submitting a report in which only one side of a page is used, do not include the unused page in the page total. Example: A car-deer property damage crash will normally use the general information page, diagram/narrative page and one unit page; thereby, leaving the second unit page unused. This will then be a three-page report (numbered 1 of 3, 2 of 3, and 3 of 3).

Bar Code Box:

Original report: When an original report form is completed and does not involve more pages than is perforated together, these boxes will be left empty.

Any additional page(s), except [supporting documents](#), submitted with the original report will require the use of the bar code number located on the general information page (page one) of the original report.

Supplemental Report: To supplement a previously submitted original paper crash report, the bar code numbers from the original crash report must be entered into these boxes. A paper supplement can only be used when a paper crash report was used for the original report. If the original report was done on the E-VCRS, all supplements to that original must be must also be completed on the E-VCRS.

Local ID: *Enter an investigating agency's locally assigned crash identification number. This number should be a minimum of four (4) digits in length and unique in that it identifies the investigating agency and the individual report. (Remember-every agency in the state is submitting reports to crash records, so the ID number should be unique to each agency).*

DATE/LOCATION OF CRASH

Date of Crash Month Day Year			Day of Week	Actual Local Time <input type="radio"/> AM <input type="radio"/> PM	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
Road Crash Occurred On				Nearest/Intersecting Road /MileMarker/Interchange		If not at an intersection, number of feet from	Direction	Road Class. <input type="radio"/> Interstate <input type="radio"/> County Road <input type="radio"/> US Road <input type="radio"/> Local/City Road <input type="radio"/> State Road <input type="radio"/> Other			
Inside Corporate Limits? <input type="radio"/> Yes <input type="radio"/> No		City/Town or Nearest City/Town		Property? <input type="radio"/> Private <input type="radio"/> DNR <input type="radio"/> Other		Crash Latitude		Crash Longitude			
Driver #1__			Driver #2__			Driver #3__			Driver #4__		

Date of Crash: Enter the month, calendar day, and year of crash using numeric symbols. For month use 01=January, 02=February, etc.; for the day use 01, 02, etc.; and for the year use all four digits 2003, 2004, etc. Attention should be given to those crashes that occur just before or after midnight to assure that the correct date is recorded.

Day of Week: Enter the first three letters for the day of week (example: Mon=Monday, Tue=Tuesday, etc.). Attention should be given to those crashes that occur just before or after midnight to assure that the correct day of week and date correspond.

Actual Local Time: Enter the local time that the crash occurred and darken in the oval to indicate AM or PM. DO NOT use twenty-four (24) hour military time.

County: Enter the county name where the crash occurred.

Township: Enter the township name where the crash occurred on all crash reports.

Number of Motor Vehicles: Enter the number of [motor vehicles](#) involved in the crash. [Railway \(RR\) vehicles](#), [animal drawn vehicles](#), and bicycles are not motor vehicles and should be omitted from this box. **Note:** Snowmobiles, [farm implements](#) and other [non-conventional vehicles](#) are only counted in this box when they are involved in a crash while they are on the roadway.

Number Injured: Enter the total number of people injured (including drivers, passengers, and non-motorists). A person shall be counted as injured if they have any injury listed in the “Nature of Most Severe Injury” category. **Note:** If no injuries were reported, place a zero (0) in the box. Do not include the number of fatally injured persons in this box.

Number Dead: Enter the total number of people fatally injured (including drivers, passengers, and non-motorists). **Note:** If no one was fatally injured, place a zero (0) in the box.

Special Circumstances: If a person who is injured in a crash dies from their injuries within 30 days of the crash, they are to be listed as a fatality on a supplemental report. If death occurs 31 days or more after the crash, they will not be listed as a fatality and there is no requirement to supplement the original report.

Fetus: The death of a fetus is not listed as a fatality in a crash unless, the fetus is delivered and takes a breath and then death occurs within 30 days. In this situation, the death of the infant would appear in this box. The death of a fetus should be documented in the narrative of the crash report anytime it occurs.

Number of Commercial Motor Vehicles: *Enter the number of Commercial Motor Vehicles (CMV) involved in the crash. Do not include the number of trailers involved in this count. **Note:** If a CMV was not involved, place a zero (0) in the box.*

Number of Deer: *Enter the number of deer struck in the crash. **Note:** If a deer was not struck, place a zero (0) in the box.*

Road Crash Occurred On: *Enter the highest official roadway classification and number, or complete name (if not numbered) where the crash occurred. The appropriate road classification must be used in all cases (i.e. if Main Street is also SR 10, the correct entry will be SR 10. If SR 15 is also US 21, US 21 is the correct entry). If two roads have the same classification, the lower number is used (i.e. if SR 9 is also SR 15, then SR 9 is the correct entry).*

Listed below are the required proper roadway classifications and their proper abbreviations from highest to lowest.

- **Interstate (I)**
- **United States Route (US)**
- **State Road (SR)**
- **County Road (CR)**
- **Local/City Road:** Designators such as Street, Avenue, Court, Place, etc. must be completely spelled out due to the duplication of some names within certain areas. Example: Madison Street and Madison Avenue.
- **Toll Road (TR) and Expressway (EXP):** These designations are only used for roads that carry no other name or designation.
- **Business Routes:** This is not an official classification of roadways; therefore, the official local road name or number would apply.

Help in determining the road the crash occurred on: If a vehicle traveling on a public roadway leaves that roadway in an unstable or uncontrolled manner and strikes an object on private property, the roadway the vehicle left is properly listed as the road the crash occurred on (and not the private property). **Note:** [See Appendix A](#) for examples to illustrate crash locations and entry of the appropriate information.

How to list Private Property: When a crash occurs solely on private property (parking lot, driveway, etc.) the proper street address of the business or residence involved should be listed (as well as Parking Lot or Private Drive) as the road the crash occurred on. *Proper examples are:* 2400 W Main Street (Parking Lot) or 1615 Elm Avenue (Private Drive). *DO NOT write* “private property” only, do not use the nearest road or nearest intersecting road, or the entire mailing address (i.e. city, state, zip code) into this box.

How to list crashes involving [Interchanges/Ramps](#): All ramps are classified as exit ramps, thus the road name assigned to the ramp will be the name of the road that was just exited. All interstate, U.S. and state route interchanges/ramps have a unique number assigned to them. When a crash occurs on a ramp, you must identify the highway number (ex: I-65), the interchange identifier (ex: 172) and the ramp identifier (ex: A). This will be written as I-65-172-A in the “Road Crash Occurred On” box. Proper interchange identifier manuals maybe obtained from Indiana Department of Transportation. **Note:** [See Appendix A](#) for examples to illustrate crash locations and entry of the appropriate information.

Nearest/Intersecting Road/Mile Marker/Interchange: Enter the name or number of the nearest intersecting road, mile marker, or interchange to where the crash occurred; or, enter the name or number of the intersecting road, mile marker, or interchange where the crash occurred. **Note:** If one road uses an overpass to cross over the top of another road, and there are no ramps connecting these roads together, this is not an intersection and is not an intersecting road.

If not at an intersection, number of feet from: Enter the number of feet (or tenths of a mile) from the location identified in the “Nearest/Intersecting Road, Mile Marker, or Interchange” box. This box is left blank if the crash occurred at an intersecting road, mile marker, or interchange. **Note:** When using tenths of a mile, you must label it as such (example: .3 miles or .2367 miles).

Direction: Enter the direction (N, S, E, W, NE, SE, SW, or NW) from the location identified in the “Nearest/Intersecting Road, Mile Marker, or Interchange” box to where the crash occurred if the crash did not occur at an intersecting road/mile marker or interchange.

Road Classification (Class.): Darken in the oval to indicate the highest classification for the road the crash occurred on. (See “[Road Crash Occurred On](#)” box for proper classifications). **Note:** This box should match the information provided in the “Road Crash Occurred On” box.

Inside Corporate Limits: Darken in the oval to indicate whether or not the crash occurred within an incorporated city/town. **Note:** Not all small communities are incorporated. Be sure to use only incorporated areas when selecting yes.

City/Town or Nearest City/Town: If “yes” was selected for “Inside Corporate Limits”, then indicate the name of the incorporated city/town where the crash occurred. If “no” was selected, then indicate the name of the nearest incorporated Indiana city/town.

Property: Darken in one oval to indicate the type of property the crash occurred on:
DNR (Department of Natural Resources) property: i.e. state parks, etc.
Private property: i.e. driveways, parking lots, etc.
Other property: where most crashes occur, including public roads and highways.

Example: If a motor vehicle were to leave the roadway and strike a tree in a person’s yard, the type of property is “Other” since the crash “began” when the driver lost control on the roadway.

Crash Latitude & Longitude: Enter the crash latitude and the crash longitude, using degrees, minutes and seconds. Not all GPS devices display the coordinates the same way. The correct entry to record this data would be 39° 07’ 30”. **Note:** If unknown, leave this area blank.

Driver Boxes #1-4: Enter the name of each driver (Last, First, MI) matching their assigned number in the crash as listed on the corresponding unit page. **Note:** If a crash involves more than four drivers and requires a second general information page, enter driver numbers 5-8 on the empty line beside numbers 1-4.

PRIMARY AND CONTRIBUTING CAUSES

Fill in only one Primary Cause for the crash	
Fill in up to two ovals per vehicle for Driver Contributing Circumstances	Fill in one oval per vehicle for Vehicle and Environment Contributing Circumstances
<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Primary Cause</div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Vehicle 1</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Vehicle 2</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Vehicle 3</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Vehicle 4</div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Primary Cause</div> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 5px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Vehicle 1</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Vehicle 2</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Vehicle 3</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Vehicle 4</div> </div>
Driver Contributing Circumstance <input type="radio"/> Alcoholic Beverages <input type="radio"/> Illegal Drugs <input type="radio"/> Prescription Drugs <input type="radio"/> Driver Asleep or Fatigued <input type="radio"/> Driver Illness <input type="radio"/> Unsafe Speed <input type="radio"/> Failure to Yield Right of Way <input type="radio"/> Disregard Signal/Regulatory Sign <input type="radio"/> Left of Center <input type="radio"/> Improper Passing <input type="radio"/> Improper Turning <input type="radio"/> Improper Lane Usage <input type="radio"/> Following Too Closely <input type="radio"/> Unsafe Backing <input type="radio"/> Overcorrecting/Oversteering <input type="radio"/> Ran off Road <input type="radio"/> Wrong Way on One Way <input type="radio"/> Pedestrian's Action <input type="radio"/> Passenger Distraction <input type="radio"/> Violation of License Restriction <input type="radio"/> Jackknifing <input type="radio"/> Cell Phone Usage <input type="radio"/> Other Telematics in Use <input type="radio"/> Driver Distracted (Explain in Narrative) <input type="radio"/> Speed Too Fast for Weather Conditions <input type="radio"/> Other (Explain in Narrative) <input type="radio"/> None	Vehicle Contributing Circumstance <input type="radio"/> Engine Failure or Defective <input type="radio"/> Accelerator Failure or Defective <input type="radio"/> Brake Failure or Defective <input type="radio"/> Tire Failure or Defective <input type="radio"/> Headlight(s) Defective or Not On <input type="radio"/> Other Lights Defective <input type="radio"/> Steering Failure <input type="radio"/> Window/Windshield Defective <input type="radio"/> Oversize/Overweight Load <input type="radio"/> Insecure/Leaky Load <input type="radio"/> Tow Hitch Failure <input type="radio"/> Other (Explain in Narrative) <input type="radio"/> None Environment Contributing Circumstance <input type="radio"/> Glare <input type="radio"/> Roadway Surface Condition <input type="radio"/> Holes/Ruts in Surface <input type="radio"/> Shoulder Defective <input type="radio"/> Road Under Construction <input type="radio"/> Severe Crosswinds <input type="radio"/> Obstruction Not Marked <input type="radio"/> Lane Marking Obscured <input type="radio"/> View Obstructed <input type="radio"/> Animal/Object in Roadway <input type="radio"/> Traffic Control Inoperative/Missing/Obscured <input type="radio"/> Utility Work <input type="radio"/> Other (Explain in Narrative) <input type="radio"/> None

Note: If “Driver Distracted”, or “Other” (in any of the three categories) is selected, you must explain each in detail in the narrative.

Primary Cause for the Crash: *Only one primary cause for the crash can be entered. Darken in the one oval that best describes the primary cause, selecting from one of the three contributing categories. If an “other participant” (except a pedestrian) is the primary cause for the crash, select “other” and explain it in the narrative. If a pedestrian is the primary cause for the crash, select “pedestrian’s actions”.*

Note:

- It is recommended (although not a requirement) that vehicle #1 be assigned with the primary cause for the crash.
- It is possible (though not a common occurrence) that the primary cause of a crash can be assigned to more than one vehicle. Example: Two vehicles on a snow covered road sideswipe each other. Due to a lack of witnesses, physical evidence, and conflicting driver statements, the primary cause could be listed as “other” for both vehicles and explained in the narrative.

The selected primary cause of the crash (see figure A) must also be entered in the same category under one of the vehicle headings (#1,2,3,4) (see figure B) in order to assign the primary cause for the crash to at least one of the vehicles involved.

Figure A

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
<input type="radio"/> Driver Contributing Circumstance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Alcoholic Beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Illegal Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Prescription Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Driver Asleep or Fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Driver Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Unsafe Speed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Failure to Yield Right of Way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Example:

If Unsafe Speed is the primary cause (figure A) and is attributed to vehicle #1. Then, vehicle #1 will also have Unsafe Speed indicated as a driver contributing circumstance (figure B).

Figure B

Primary Cause	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
<input type="radio"/> Driver Contributing Circumstance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Alcoholic Beverages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Illegal Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Prescription Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Driver Asleep or Fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Driver Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/> Unsafe Speed	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Failure to Yield Right of Way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Driver Contributing Circumstances: Darken in up to, but no more than two ovals that best describes the driver's contributing circumstances. If the primary cause is assigned to one of the vehicles in this section, ***only one additional oval*** may be selected for that particular vehicle.

Note: Darken in the "None" oval if there are no driver contributing circumstances.

Vehicle Contributing Circumstance: Darken in one oval that best describes the vehicle's contributing circumstances. If the primary cause is assigned to one of the vehicles in this section, ***no additional ovals*** may be selected for that particular vehicle. **Note:** Darken in the "None" oval if there are no vehicle contributing circumstances.

Environmental Contributing Circumstances: Darken in one oval that best describes the environmental contributing circumstances. If the primary cause is assigned to one of the vehicles in this section, ***no additional ovals*** may be selected for that particular vehicle. **Note:** Darken in the "None" oval if there are no vehicle contributing circumstances.

AREA INFORMATION

Area Information: Fill in one oval per category		
Hit and Run <input type="radio"/> Yes <input type="radio"/> No	Light Condition <input type="radio"/> Daylight <input type="radio"/> Dawn/Dusk <input type="radio"/> Dark (Lighted) <input type="radio"/> Dark (Not Lighted) <input type="radio"/> Unknown	Type of Median <input type="radio"/> Driveable <input type="radio"/> Curbed <input type="radio"/> Barrier Wall <input type="radio"/> None
Locality <input type="radio"/> Rural <input type="radio"/> Urban	Weather Conditions <input type="radio"/> Clear <input type="radio"/> Cloudy <input type="radio"/> Rain <input type="radio"/> Snow <input type="radio"/> Sleet/Hail <input type="radio"/> Freezing Rain <input type="radio"/> Fog/Smoke/Smog <input type="radio"/> Severe Cross Wind <input type="radio"/> Blowing Sand/Soil/Snow	Type of Roadway Junction <input type="radio"/> No Junction Involved <input type="radio"/> Four-Way Intersection <input type="radio"/> T-Intersection <input type="radio"/> Y-Intersection <input type="radio"/> Circle/Roundabout <input type="radio"/> Five Point or More <input type="radio"/> Interchange <input type="radio"/> Ramp
School Zone <input type="radio"/> Yes <input type="radio"/> No	Surface Condition <input type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Muddy <input type="radio"/> Snow/Slush <input type="radio"/> Ice <input type="radio"/> Loose Material on Road (Gravel etc.) <input type="radio"/> Water (Standing or Moving)	Road Character <input type="radio"/> Straight/Level <input type="radio"/> Straight/Grade <input type="radio"/> Straight/Hillcrest <input type="radio"/> Curve/Level <input type="radio"/> Curve/Grade <input type="radio"/> Curve/Hillcrest <input type="radio"/> Non-Roadway Crash
Rumble Strips <input type="radio"/> Yes <input type="radio"/> No	Construction <input type="radio"/> Yes* <input type="radio"/> No <input type="radio"/> Back-up	Roadway Surface <input type="radio"/> Asphalt <input type="radio"/> Concrete <input type="radio"/> Gravel <input type="radio"/> Other
Construction Type <input type="radio"/> Lane Closure <input type="radio"/> X-Over/Lane Shift <input type="radio"/> Work on Shoulder <input type="radio"/> Intermittent or Moving Work		
Was this crash a result of aggressive driving? <input type="radio"/> Yes <input type="radio"/> No		
Traffic Control Devices <input type="radio"/> Officer/Crossing Guard/Flagman <input type="radio"/> *RR Crossing Gate/Flagman <input type="radio"/> *RR Crossing Flashing Signal <input type="radio"/> RR Crossing Sign <input type="radio"/> *Traffic Control Signal <input type="radio"/> *Flashing Signal		
<input type="radio"/> Stop Sign <input type="radio"/> Yield Sign <input type="radio"/> Lane Control <input type="radio"/> No Passing Zone <input type="radio"/> Other (Explain in Narrative) <input type="radio"/> None		
*Traffic Control Device Operational? <input type="radio"/> Yes <input type="radio"/> No		

Hit and Run: Darken in the oval to indicate whether any of the driver's involved illegally left the scene.

Locality: Darken in the oval for rural if the crash occurs outside of corporate limits or urban if the crash occurs inside corporate limits. **Note:** Not all small communities are incorporated.

School Zone: Darken in the oval to indicate whether the crash occurred within a school zone. To answer "yes" in this category, the school zone must be "active" and enforceable.

Rumble Strips: Darken in the oval to indicate the presence of rumble strips across the travel lane(s). **Note:** This does not include the strips on the shoulder/berm.

Construction: Darken in one oval to indicate whether or not the crash occurred within a construction zone or in a traffic "back-up" outside of, but due to a construction zone. *If "yes" was selected, then the "Construction Type" category must be completed.

Construction Type: If "yes" was selected in the "Construction" category, darken in one oval to indicate the type of construction present. If "no" or "back-up" was selected then **DO NOT** darken in any ovals in this category.

Light Conditions: Darken in one oval that best describes the light conditions at the time and place of the crash.

Weather Conditions: *Darken in one oval that best describes the primary atmospheric condition at the time and place of the crash.*

Surface Conditions: *Darken in one oval that best describes the road surface conditions at the time and place of the crash.*

Type of Median: *Darken in one oval that best describes the type of median present at the crash scene. Darken in the “Drivable” oval for grassy medians (example: Interstates). **Note:** If there was no median, darken in the “None” oval. Examples of roads without medians are two-lane roads in which the lanes are separated only by a painted line (figure C) or by a turn lane only (figure D).*

Figure C:

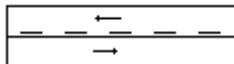
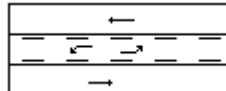


Figure D:



Type of Roadway Junction: *Darken in one oval that best describes the type of junction involved in the crash. The “Ramp” identifier oval should be darkened in whenever a crash occurs on an exit ramp.*

Road Character: *Darken in one oval that best describes the road character. A “Non-Roadway” crash applies to parking lots, private drives and other private property, etc.*

Roadway Surface: *Darken in one oval that indicates the type of roadway surface at the scene of the crash. **Note:** If there is more than one roadway surface present at the scene indicate the surface where the first harmful event occurred or where the vehicle left the roadway.*

Was this crash a result of aggressive driving?: *Darken in the oval, that based upon the officer’s judgment, indicates whether or not aggressive driving was a factor in the crash.*

Traffic Control Devices: *Darken in one oval that describes the most significant traffic control device for the vehicle **assigned** with primary fault in the crash. If a traffic control with an asterisk (*) was selected, then the “Traffic Control Device Operational” category must be completed. **Note:** If “Other” was selected it must be explained in the narrative.*

Traffic Control Device Operational?: *Darken in the oval to indicate whether or not the selected (*) traffic control device was operating properly at the time of the crash.*

Total Estimate of Damage

Total Estimate of all damage in the Crash:			
<input type="radio"/> Under \$750	<input type="radio"/> \$1001-\$2500	<input type="radio"/> \$5001-\$10,000	<input type="radio"/> \$25,001-\$50,000
<input type="radio"/> \$750-\$1000	<input type="radio"/> \$2501-\$5000	<input type="radio"/> \$10,001-\$25,000	<input type="radio"/> \$50,001-\$100,000
<input type="radio"/> Over \$100,000			

Darken in one oval that best provides the total dollar estimate of all damage (including vehicles and property) sustained in the crash. Total damage estimate will only be darkened in once if more than one general information page is used.

OTHER PROPERTY DAMAGE (INCLUDE CARGO)

Other Property Damage (Include Cargo)		
Name of Object (1)	State <input type="radio"/> Yes Property <input type="radio"/> No	Owner's Name and Address
(2)	State <input type="radio"/> Yes Property <input type="radio"/> No	Owner's Name and Address

Name of Object: Enter the name of any object damaged including cargo. ***Note:*** Wild animals are not to be listed as property damaged.

State Property: Darken in the oval to indicate whether the item damaged was state property (i.e. guardrails, sod, etc.).

Owner's Name and Address: Enter the owner's name (Last, First, MI) and complete address. Property owned by a governmental entity will require the entities name to be listed as the owner.

WITNESS/OTHER PARTICIPANT

Witness/Other Participant		
<input type="radio"/> Witness <input type="radio"/> Other Participant	#	(Last Name, First Name, MI)
Address etc.		
Phone #		Location at Time of Crash
<input type="radio"/> Witness <input type="radio"/> Other Participant	#	(Last Name, First Name, MI)
Address etc.		
Phone #		Location at Time of Crash

Witness/Other Participant: Darken in the oval to describe the person's involvement.

Number (#) of Witness/Other Participant: Enter a number to identify all witnesses/other participants. Begin each category (witness/other participant) with the number 1 and then number each consecutively. Examples: one witness and one other participant would be numbered witness #1 and other participant #1. Two witnesses would be numbered witness #1 and witness #2.

Note: If there are more than two witnesses or other participants, they maybe added to the narrative instead of using additional general information pages. All information from this section will be required to be completed in the narrative. Remember to identify the person(s) named in the narrative by category (witness or other participant) and by number.

Name: Enter the person's name (Last, First, MI). If no middle name/initial, write "(NMI)".

Address: Enter the person's current and complete address.

Phone Number (#): Enter the person's telephone number or a contact number.

Location at Time of Crash: Enter the witness/other participant's location relative to the crash scene. The description should be brief, such as "Behind Vehicle #1" or "On the NE corner of the intersection", etc. If it becomes necessary to place this description in the narrative, simply write "See Narrative" in the box.

NON-MOTORIST

Non-Motorist		(Last Name, First Name, MI)
Non-Motorist <input type="radio"/> Pedestrian <input type="radio"/> Pedalcyclist <input type="radio"/> Other Cited? <input type="radio"/> Yes <input type="radio"/> No Direction _____ Street/Highway _____	Apparent Physical Condition <input type="radio"/> Normal <input type="radio"/> Had Been Drinking <input type="radio"/> Handicapped <input type="radio"/> Ill <input type="radio"/> Asleep/Fatigued <input type="radio"/> Drugs/Medication <input type="radio"/> Unknown	Non-Motorist Action <input type="radio"/> On designated non-motorists lane <input type="radio"/> Not in roadway <input type="radio"/> On shoulder <input type="radio"/> On roadway <input type="radio"/> With traffic <input type="radio"/> Against traffic <input type="radio"/> Crossing at intersection <input type="radio"/> Crossing not at intersection <input type="radio"/> Moving <input type="radio"/> Standing <input type="radio"/> Working <input type="radio"/> Getting in or out of a vehicle <input type="radio"/> Getting off or on a school bus <input type="radio"/> Other (Explain in Narrative)
Traffic Control? <input type="radio"/> Yes <input type="radio"/> No	If yes, was traffic control operational? <input type="radio"/> Yes <input type="radio"/> No	

Non-Motorist Name: Enter the non-motorist's name (Last, First, MI). If no middle name/initial, write "(NMI)".

Non-Motorist: Darken in one oval that describes the type of non-motorist involved in the crash. If more than one non-motorist is involved in the crash, a general information page will need to be completed for each. **Note:** If there is not an appropriate oval to describe the type of non-motorist, darken in the "Other" oval and explain in the narrative.

Cited?: Darken in the oval to indicate whether the non-motorist was cited for a crash related offense. If the offense is not crash related (i.e. warrant service) leave this section blank.

Direction: Enter the direction that the non-motorist was headed/facing (N, S, E, W, NE, SE, etc.) at the time of the crash.

Street/Highway: Enter the name of the street or highway that the non-motorist was on. If the non-motorist was not in the street (or crosswalk) this box will be left blank.

Non-Motorist Traffic Controls: Darken in the oval to indicate the presence of a traffic control device for the non-motorist. If traffic controls were present, darken in the oval to indicate whether the traffic controls were operating properly at the time of the crash.

Apparent Physical Condition: Darken in one oval that best describes the non-motorist's apparent physical condition at the time of the crash.

Non-Motorist Action: (There are three sub-sections to this category). Darken in one oval in each sub-section that best describes the non-motorist's action at the time of the crash. **Note:** If there is not an appropriate oval to describe the non-motorist action, darken in the "Other" oval and explain in the narrative.

DIAGRAM/NARRATIVE
PAGE

Diagram: (Indicate North by Arrow)

Narrative
<p> The first part of the narrative describes the initial phase of the project, where the team was tasked with identifying the key stakeholders and their interests. This involved a series of interviews and workshops that helped to build a shared understanding of the project's goals and objectives. </p>
<p> The second part of the narrative focuses on the challenges that the team faced during the implementation phase. These challenges included limited resources, conflicting priorities, and a lack of buy-in from some of the key stakeholders. Despite these obstacles, the team remained committed to the project and worked hard to overcome the challenges. </p>
<p> The third part of the narrative describes the final phase of the project, where the team was tasked with evaluating the results and identifying areas for improvement. This involved a series of surveys and focus groups that helped to gather feedback from the stakeholders. The team then used this feedback to make changes to the project and ensure that it was meeting the needs of the stakeholders. </p>

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HEADER

						Page		of	


Page Numbers: The **first box** always refers to the numerical order of pages in the report. The **second box** indicates the total number of pages used (including [supporting documents](#)) in each submission.

Bar Code Box: When this page is submitted with an original perforated report these boxes will be left empty; however, they will be completed:

- On additional pages added to an original perforated report or,
- When completing a supplemental report.

Note: The Bar Code number from page 1 of the original crash report's General Information Page will be entered into these boxes.

TYPE OF CRASH

Type of Crash	<input type="radio"/> Rear End	<input type="radio"/> Same Direction Sideswipe	<input type="radio"/> Right Angle	<input type="radio"/> Backing Crash	 <input type="radio"/> Left/Right Turn
	<input type="radio"/> Head On	<input type="radio"/> Opposite Direction Sideswipe	<input type="radio"/> Left Turn	<input type="radio"/> Other	
	<input type="radio"/> Rear to Rear	<input type="radio"/> Ran off Road	<input type="radio"/> Right Turn	<input type="radio"/> Non-Collision	

Darken in the one oval that best describes the type of crash. Example: A vehicle runs off the road and hits a tree head on. The type of crash would be Ran Off Road. Non-Collision crashes would include but not are limited to: jackknifed semis, vehicle fires, and motorcycles that are intentionally laid down by the operator.

DIAGRAM: (Indicate North by Arrow)

The combination of the diagram and the narrative together should represent the crash; however, a reader should be able to look at the diagram and tell what occurred in the crash without reading the narrative.

The diagram is to show probable paths of the vehicle(s) involved before, during and after impact. There are eight minimum requirements for a diagram:

1. An arrow indicating "North" must be present in the upper right hand corner. Every effort should be made to avoid having the arrow pointing towards the bottom of the page.

2. Scale vs. Not to Scale:
 - Scale diagram: The scale used must be indicated.
 - Not to scale: Write “Not to Scale” and when applicable, measurements should be taken. Measurements include, but are not limited to, distance from nearest intersection, distances between vehicles, distances between vehicles and fixed objects, skid marks, yaw marks, scuffmarks, etc. Do not print “Measurements in field notes”.
3. All Roadways must be labeled by name or number.
4. Vehicles must be labeled as Vehicle 1, 2 or 3, etc. Trailers are to be labeled with the number corresponding to the power unit. Example: Vehicle #1 is pulling two trailers. The power unit is labeled V-1, the first trailer is 1a, and the second trailer is 1b.
5. The vehicle’s position at final rest must be shown. An inverted vehicle should be shown with an “X” across the vehicle when at final rest.
6. All relevant traffic control devices must be shown i.e. stop signs, no passing zones, lane controls, etc.
7. Show all pre-crash paths with a solid arrow and post-crash paths with a dotted arrow.
8. Other items to include in the diagram would be trees, fences, utility poles, etc. even if they had no direct bearing on the crash, this may help later in locating the scene or clarifying the positions of vehicles.

NOTE: If the vehicles have been moved or were driven away prior to the officer’s arrival, and the officer has no evidence to determine where the collision occurred, no diagram is required. In the diagram box, print the reason no diagram was made (i.e. the crash was reported several hours after it occurred and all vehicles had been moved. Paths of vehicles and position of final rest are unknown.). If the vehicles were simply moved out of the road to prevent traffic problems and were not removed from the scene, every effort should be made to complete a diagram.

NARRATIVE

The combination of the diagram and the narrative together should represent the crash; however, a reader should be able to read the narrative and tell what occurred in the crash without looking at the diagram.

The structure of the narrative section should be:

- Any additional information (i.e. additional witnesses, assisting officers, etc).
- An explanation of all items marked on the report as “explain in narrative”. Example: If “other” was selected for Traffic Control Device, the narrative should read:
Traffic Control Device – Other: Free standing sign indicating utility work ahead.
- An introductory statement relating the position and direction of each of the vehicles involved prior to the crash.
- The remainder of the narrative is in the officer’s own words describing as completely as possible, what occurred during the course of the crash. If an investigator has evidence to support or substantiate an opinion, one may be given, but it is not required.

OFFICER INFORMATION

Time Notified <input type="radio"/> AM <input type="radio"/> PM	Time Arrived <input type="radio"/> AM <input type="radio"/> PM	Other Location of Investigation			
Assisting Officer	ID No.	Agency	Investigation Complete? <input type="radio"/> Yes <input type="radio"/> No	Photos Taken? <input type="radio"/> Yes <input type="radio"/> No	
Assisting Officer	ID No.	Agency	Date of Report		
Investigating Officer (printed)	ID No.	Agency	Reviewing Officer		

Time Notified/Time Arrived: Enter the time the investigating officer was notified of and arrived at the crash. Darken in the oval to indicate AM or PM. DO NOT use military time.

Other Area of Investigation: Enter specific information to identify any other location(s) related to the investigation of the crash. If the investigation was completed at the scene, enter “Scene Only”. If the investigation continues at a hospital, garage, police station, etc., enter the name of the location. This does not include the location where the final report was completed.

Assisting Officer(s): Print the assisting officer’s name, ID No., and agency name (Spell out the complete agency name). This space is used to identify police officer’s that assisted with the investigation. Some officers at a scene do not need to be listed (Example: Those directing traffic, etc.).

Investigation Complete?: Darken in the oval to indicate if the investigation has been completed. If “no” is selected, a supplemental report is required to complete the investigation. On the final supplemental report, the “yes” oval should be darkened in to indicate the investigation has been completed. Crash reports that have been marked as completed can be reopened if additional information pertinent to the crash becomes known.

Photos Taken?: Darken in the oval to indicate if photos were taken.

Date of Report: The original crash report will always be dated the same as the date of crash. Supplemental reports will be dated the day they are completed.

Investigating Officer: Print the investigating officer’s name, ID No., and agency name (Spell out the complete agency name).

Reviewing Officer: Print the reviewing officer’s name. If there is no reviewing officer, leave this box blank.

UNIT PAGE

UNIT INFORMATION										Page of 														
Local ID 										 000012345														
Dr# Driver's Name (Last, First, MI) 										Safety Equipment Used <input type="checkbox"/> No restraint <input type="checkbox"/> Helmet <input type="checkbox"/> Lap Belt Only <input type="checkbox"/> Airbag (No Restraint) <input type="checkbox"/> Harness (Only) <input type="checkbox"/> Airbag+ Belt Restraint <input type="checkbox"/> Lap + Harness <input type="checkbox"/> Child Restraint <input type="checkbox"/> Unknown					Safety Equipment Effective? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			Ejection/Trapped <input type="checkbox"/> Not Ejected or Trapped <input type="checkbox"/> Partially Ejected <input type="checkbox"/> Ejected <input type="checkbox"/> Trapped In <input type="checkbox"/> Pinned Under <input type="checkbox"/> Unknown						
Address (Street, City, State, Zip) 										Date Month Day Year Age 														
Driver's License # 					Lic Type 		CDL Class 		Lic State 		EMS No. 													
Apparent Physical Status <input type="checkbox"/> Normal <input type="checkbox"/> Had Been Drinking <input type="checkbox"/> Handicapped <input type="checkbox"/> Ill <input type="checkbox"/> Asleep/Fatigued <input type="checkbox"/> Drugs/Medication <input type="checkbox"/> Unknown					Restrictions <input type="checkbox"/> Glasses/Contact Lenses <input type="checkbox"/> Outside Rearview Mirror <input type="checkbox"/> Daylight Driving <input type="checkbox"/> Automatic Transmission <input type="checkbox"/> Special Controls <input type="checkbox"/> Employment Only <input type="checkbox"/> Motorcycle Only <input type="checkbox"/> To/From Employment					<input type="checkbox"/> Employer's Vehicle Only <input type="checkbox"/> State-Owned Vehicles Only <input type="checkbox"/> PP Chauffeurs/Taxi Only <input type="checkbox"/> Power Steering <input type="checkbox"/> Special Restrictions <input type="checkbox"/> Probation DWI <input type="checkbox"/> Probation HTI <input type="checkbox"/> None					Nature of Most Severe Injury <input type="checkbox"/> Severed <input type="checkbox"/> Internal <input type="checkbox"/> Minor Burn <input type="checkbox"/> Severe Burn <input type="checkbox"/> Abrasion <input type="checkbox"/> Minor Bleeding <input type="checkbox"/> Severe Bleeding (Arterial) <input type="checkbox"/> Fracture/Dislocation <input type="checkbox"/> Contusion/Bruise <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> None Visible <input type="checkbox"/> Other (Explain in Narrative)					Location of Most Severe Injury <input type="checkbox"/> Chest <input type="checkbox"/> Neck <input type="checkbox"/> Eye <input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Back <input type="checkbox"/> Shoulder/Upper Arm <input type="checkbox"/> Elbow/Lower Arm <input type="checkbox"/> Abdomen/Pelvis <input type="checkbox"/> Hip/Upper Leg <input type="checkbox"/> Knee/Lower Leg/Foot <input type="checkbox"/> Entire Body				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown					Test Given <input type="checkbox"/> None <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> Alcohol+Drug <input type="checkbox"/> Refused		Type Given <input type="checkbox"/> Blood <input type="checkbox"/> Urine <input type="checkbox"/> Breath <input type="checkbox"/> SFST <input type="checkbox"/> PBT		Alcohol <input type="checkbox"/> PBT <input type="checkbox"/> Certified <input type="checkbox"/> Pending		Results <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending		Drug <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending											
Veh# 		Color 		Vehicle Year 		Make 		Model Name 		Style 		Initial Impact Area <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown												
# Occupants 		Lic Year 		License # 		License State 		Areas Damaged (Multiples) <input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown		<input type="checkbox"/> Undercarriage <input type="checkbox"/> Trailer <input type="checkbox"/> None <input type="checkbox"/> Unknown														
# Axles 		Speed Limit 		Insured By 		Phone Number 		Vehicle Use <input type="checkbox"/> Personal (Farm, Company) <input type="checkbox"/> Commercial (Buses, Taxis, Common and Contract Carriers) <input type="checkbox"/> Rental, not leased <input type="checkbox"/> School <input type="checkbox"/> Police					<input type="checkbox"/> Fire* <input type="checkbox"/> Ambulance* <input type="checkbox"/> Military <input type="checkbox"/> Highway Department <input type="checkbox"/> Other Government (Postal, etc) <input type="checkbox"/> Public Utilities (Gas, Electric, etc) <input type="checkbox"/> Other (Explain in Narrative)											
Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver										Emergency Run? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Address (Street, City, State, Zip) 										Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Towed? <input type="checkbox"/> Yes <input type="checkbox"/> No Towed To Towed By 										Vehicle Type <input type="checkbox"/> Passenger Car/Station Wagon <input type="checkbox"/> Pickup <input type="checkbox"/> Van <input type="checkbox"/> Sport Utility Vehicle <input type="checkbox"/> Truck (Single Unit 2 axle, 6 tires) <input type="checkbox"/> Truck (Single Unit 3 or more axles) <input type="checkbox"/> Truck/Trailer (not semi) <input type="checkbox"/> Tractor/One Semi Trailer <input type="checkbox"/> Tractor/Double Trailers <input type="checkbox"/> Tractor/Triple Trailers					<input type="checkbox"/> Tractor (Cab Only-No Trailer) <input type="checkbox"/> Motor Home/Recreational Vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bus/Seats 9-15 Persons including the driver <input type="checkbox"/> Bus/Seats 15+ Persons including the driver <input type="checkbox"/> School Bus <input type="checkbox"/> Farm Vehicle <input type="checkbox"/> Combination Vehicle <input type="checkbox"/> Unknown Type (not classified) <input type="checkbox"/> Moped									
Tri# 		Lic State 		Lic Year 		Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver		License # 		Address (Street, City, State, Zip) 		Pre-Crash Vehicle Action <input type="checkbox"/> Turning Left <input type="checkbox"/> Going Straight <input type="checkbox"/> Backing <input type="checkbox"/> Changing Lanes <input type="checkbox"/> Overtaking/Passing <input type="checkbox"/> Turning Right												
Veh Year 		Make 		Lic State 		Lic Year 		Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver		License # 		Address (Street, City, State, Zip) 		<input type="checkbox"/> Turning Left <input type="checkbox"/> Making U Turn <input type="checkbox"/> Merging <input type="checkbox"/> Starting in Traffic <input type="checkbox"/> Driving Left of Center <input type="checkbox"/> Crossing the Median										
Veh Year 		Make 		Lic State 		Lic Year 		Registered Owner's Name (Last, First, MI) <input type="checkbox"/> Same as Driver		License # 		Address (Street, City, State, Zip) 		<input type="checkbox"/> Slowing or Stopped in Traffic <input type="checkbox"/> Unattended Moving Vehicle <input type="checkbox"/> Avoiding Object in Road <input type="checkbox"/> Entering Traffic Lane <input type="checkbox"/> Leaving Traffic Lane <input type="checkbox"/> Parked										
Veh# Commercial Vehicle: Carrier's Name and Address 										Direction of Travel <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/> Northeast <input type="checkbox"/> Northwest <input type="checkbox"/> Southeast <input type="checkbox"/> Southwest														
HAZMAT Proper Shipping Name: 										Type of Primary/Secondary Roadway One Way Traffic <input type="checkbox"/> One Lane <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lanes (3 or more)					Two Way Traffic <input type="checkbox"/> Two Lanes <input type="checkbox"/> Multi-Lane Divided (3 or more) <input type="checkbox"/> Multi-Lane Undivided 2 way left turn <input type="checkbox"/> Multi-Lane Undivided (3 or more)									
US DOT# ICC# State DOT# 										If a Collision Crash Fill in only one oval in this category <input type="checkbox"/> Another Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicycle <input type="checkbox"/> Impact Attenuator/Crash Cushion <input type="checkbox"/> Bridge Overhead Structure <input type="checkbox"/> Bridge Pier or Abutment <input type="checkbox"/> Bridge Parapet End <input type="checkbox"/> Bridge Rail <input type="checkbox"/> Guardrail Face <input type="checkbox"/> Guardrail End <input type="checkbox"/> Median Barrier <input type="checkbox"/> Highway Traffic Sign Post					<input type="checkbox"/> Deer <input type="checkbox"/> Animal Other than Deer <input type="checkbox"/> Animal Drawn Vehicle <input type="checkbox"/> Overhead Sign Post <input type="checkbox"/> Light Support <input type="checkbox"/> Utility Pole <input type="checkbox"/> Culvert <input type="checkbox"/> Embankment <input type="checkbox"/> Other Post/Pole/or Support <input type="checkbox"/> Wall/Building/Tunnel, etc <input type="checkbox"/> Work Zone Maintenance Equip. <input type="checkbox"/> Other (explain in narrative)									
Vehicle Identification# 										Or if a Non-Collision Crash Fill in only one oval in this category <input type="checkbox"/> Overturn/Rollover <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Immersion					<input type="checkbox"/> Jackknife <input type="checkbox"/> Cargo/Equipment Shift or Loss <input type="checkbox"/> Off Roadway <input type="checkbox"/> Fell from vehicle									
Gross Vehicle Weight Rating 		<input type="checkbox"/> Grain, Chip, Gravel, Coal <input type="checkbox"/> Flatbed <input type="checkbox"/> Dump <input type="checkbox"/> Bus		<input type="checkbox"/> Van/Enclosed Box <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> Concrete Mixer		<input type="checkbox"/> Auto Transport <input type="checkbox"/> Pole <input type="checkbox"/> Other (Explain in Narrative)		HAZMAT <input type="checkbox"/> Yes <input type="checkbox"/> No HAZMAT Release of Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT 4-Digit ID # 		Hazard Class # 												

HEADER INFORMATION

UNIT INFORMATION <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Local ID</div>	 000012345	Page <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> of <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div>		

Local ID: An investigating agency's locally assigned crash identification number is entered into this box.

Page Numbers: The **first box** always refers to the numerical order of pages in the report. The **second box** indicates the total number of pages used (including [supporting documents](#)) in each submission. **Note:** When only using one side of the unit page (i.e. a one car crash) the remaining unused page will not be counted in the total number of pages.

Bar Code Box: When this page is submitted with an original perforated report these boxes will be left empty; however, they will be completed:

- On additional pages added to an original perforated report or,
- When completing a supplemental report.

Note: The Bar Code number from page 1 of the original crash report's General Information Page will be entered into these boxes.

DRIVER INFORMATION

Dr#		Driver's Name (Last, First, MI)			
Address (Street, City, State, Zip)					
		Date of Birth	Month	Day	Year
Driver's License #		Lic Type	CDL Class		Lic State
Apparent Physical Status		Restrictions			
<input type="radio"/> Normal <input type="radio"/> Had Been Drinking <input type="radio"/> Handicapped <input type="radio"/> Ill <input type="radio"/> Asleep/Fatigued <input type="radio"/> Drugs/Medication <input type="radio"/> Unknown		<input type="radio"/> Glasses/Contact Lenses <input type="radio"/> Outside Rearview Mirror <input type="radio"/> Daylight Driving <input type="radio"/> Automatic Transmission <input type="radio"/> Special Controls <input type="radio"/> Employment Only <input type="radio"/> Motorcycle Only <input type="radio"/> To/From Employment			
<input type="radio"/> Employer's Vehicle Only <input type="radio"/> State-Owned Vehicles only <input type="radio"/> PP Chauffeurs/Taxi Only <input type="radio"/> Power Steering <input type="radio"/> Special Restrictions <input type="radio"/> Probation DWI <input type="radio"/> Probation HTO <input type="radio"/> None					
Gender	Test Given	Type Given	Alcohol	Results	Drug
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	<input type="radio"/> None <input type="radio"/> Alcohol <input type="radio"/> Drug <input type="radio"/> Alcohol+Drug <input type="radio"/> Refused	<input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Breath <input type="radio"/> SFST <input type="radio"/> PBT	PBT ____ Certified Test ____ Pending <input type="radio"/>	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Pending	

Driver #: Enter a number to identify all drivers involved. Drivers should be numbered consecutively i.e. 1, 2, 3, etc.

Driver's Name: *Enter the driver's name (Last, First, MI) as it appears on the driver's license or official license record. If no middle name/initial, write "(NMI)". Other possible entries are:*

- Unknown: When a driver's identity is unknown (i.e. a hit and run crash).
DO NOT write Hit and Run.
- Unoccupied: When a vehicle is moving and has no driver (i.e. came out of gear, driver jumped from the vehicle prior to the crash, etc.).
- Parked: Use one of the following guidelines to determine the proper entry:

Engine	Driver's Seat	Driver's Name Box
Off	Empty	Parked
Off	Occupied	Parked
On	Empty	Parked
On	Occupied	Driver Name

- Special situations can occur where traffic/criminal law and interpretations thereof, along with the circumstances of an incident will require the investigating officer to make a decision that could be contrary to the guidelines listed above. An officer must explain in the narrative the basis for this decision.

Note: If a driver's name is not entered in the driver's name box, the remainder of the driver's information section will be left blank.

Address (Street, City, State, Zip): *Enter the complete and current address for the driver (include number, street, city/state and zip code). Common abbreviations such as "N" for north and "Apt" for apartment may be used along with [two letter abbreviations for states](#) (i.e. "IN" for Indiana) in the address.*

Date of Birth: *Enter the month, calendar day, and year of the driver's date of birth using numeric symbols. For month use 01=January, 02=February, etc; for the day use 01, 02, etc.; and for the year use all four digits 2003, 2004, etc.*

Age: *Enter the driver's age in years.*

Driver's License #: *Enter the driver's license number as it appears on the driver's license. See table below for special circumstances and proper entries.*

Driver's License Status	Driver's License # Box
Driver Never Licensed	None
Driver's License Expired	License Number (Expired)
Driver's License Suspended	License Number (Suspended)
Habitual Traffic Violator	License Number (HTV)

License Type: Enter the driver's license type using one of the codes listed below. For out of state drivers, use the Indiana code that most closely represents the out of state license type.

Code	License Type	Code	License Type
CD	Commercial Driver's License	OP	Operator License
CH	Chauffeur's License	OM	Operator License w/Motorcycle Endorsement
CM	Chauffeur's Lic w/MC Endorsement	PP	Public Passenger Chauffeur's License
DE	Driver Education Learner Permit	PM	PP Chauffeur's License w/MC Endorsement
LM	Learner Motorcycle	PO	Probationary Operators License
LP	Learner Permit	U	Unknown
NL	No License		

CDL (Commercial Driver's License) Class: Enter the CDL class as it appears on the license.

License State: Enter the two-letter abbreviation for the licensing state of the driver. [See Appendix B](#) for approved state/territory/foreign country abbreviations.

Apparent Physical Condition: Darken in one oval that best describes the physical condition of the driver at the time of the crash.

Restrictions: Darken in all the ovals that identify the license restrictions of the driver. Multiple ovals may be darkened in based upon the number of driving restrictions. For drivers who have licenses that are "Restricted Conditional", darken in the "Special Restrictions" oval.

Gender: Darken in the oval to identify the sex of the driver. Use unknown anytime the driver's gender is not known (i.e. Hit and Run).

Test Given: Darken in one oval that identifies the test(s) offered to the driver. See [IC 9-30-7-3](#).
Note: If a driver refuses any test, darken in the refused oval. If a drug test is refused, this must be explained in the narrative.

Type Given: Darken in all the oval(s) that identify the type of test(s) administered or offered to the driver. Multiple ovals may be darkened in based upon the number of tests. **Note:** If a driver refuses a test, darken in the oval for the test.

Results: This category is broken into two sub-categories, Alcohol and Drugs.

- **Alcohol:**
 - PBT (Portable Breath Test):** Enter the numeric two digit test results.
 - Certified Test:** Enter the numeric two digit test results. If refused, leave blank.
 - Pending Oval:** Darken in the oval if certified test results are pending. If the pending oval is darkened in, a supplemental report must be submitted when the final results are received.
- **Drugs:**
 - Positive:** Darken in the oval if a field or certified test returns a positive result. The substance(s) with a positive result **must** be identified in the narrative.
 - Negative:** Darken in the oval if a field or certified test returns a negative result.
 - Pending Oval:** Darken in the oval if certified test results are pending. If the pending oval is darkened in, a supplemental report must be submitted when the final results are received.

SAFETY EQUIPMENT & DRIVER INJURED INFORMATION

Safety Equipment Used <input type="radio"/> No restraint <input type="radio"/> Helmet <input type="radio"/> Lap Belt Only <input type="radio"/> Airbag <input type="radio"/> Harness (Only) <input type="radio"/> (No Restraint) <input type="radio"/> Lap + Harness <input type="radio"/> Airbag + <input type="radio"/> Child Restraint <input type="radio"/> Belt Restraint <input type="radio"/> Unknown		Safety Equipment Effective? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable	Ejection/Trapped <input type="radio"/> Not Ejected or Trapped <input type="radio"/> Partially Ejected <input type="radio"/> Ejected <input type="radio"/> Trapped In <input type="radio"/> Pinned Under <input type="radio"/> Unknown
EMS No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Nature of Most Severe Injury <input type="radio"/> Severed <input type="radio"/> Internal <input type="radio"/> Minor Burn <input type="radio"/> Severe Burn <input type="radio"/> Abrasion <input type="radio"/> Minor Bleeding <input type="radio"/> Severe Bleeding (Arterial) <input type="radio"/> Fracture/Dislocation <input type="radio"/> Contusion/Bruise <input type="radio"/> Complaint of Pain <input type="radio"/> None Visible <input type="radio"/> Other (Explain in Narrative)		Location of Most Severe Injury <input type="radio"/> Chest <input type="radio"/> Neck <input type="radio"/> Eye <input type="radio"/> Face <input type="radio"/> Head <input type="radio"/> Back <input type="radio"/> Shoulder/Upper Arm <input type="radio"/> Elbow/Lower Arm <input type="radio"/> Abdomen/Pelvis <input type="radio"/> Hip/Upper Leg <input type="radio"/> Knee/Lower Leg/Foot <input type="radio"/> Entire Body
Driver Injury Status <input type="radio"/> Fatal Injury <input type="radio"/> Non-Fatal Injury <input type="radio"/> Incapacitating <input type="radio"/> Non-Incapacitating <input type="radio"/> Possible Injury <input type="radio"/> Unknown <input type="radio"/> Refused			

Safety Equipment Used: Darken in one oval that best describes the safety equipment used by the driver. The “Airbag” oval should be darkened in only if the airbag has deployed.

Special instructions:

- Improperly used belt: If the shoulder harness is placed behind the back and the lap belt is properly worn, darken in the oval “Lap Belt Only”.
- Helmets: When no helmet is worn/used, leave this section blank.

Safety Equipment Effective?: Darken in one oval that in the investigating officer’s judgement, best describes the effectiveness of the safety equipment that was used (did the equipment do what is was intended to do?). If safety equipment was not used, darken in the “Not Applicable” oval.

Ejected/Trapped: Darken in one oval that describes whether the driver was ejected from, trapped within or pinned under the vehicle.

EMS Number: Enter the four-digit (4) number of the Emergency Medical Service unit that transported the driver from the scene. This also includes air-ambulances (Lifeline, etc.). If the non-driver injured person was not transported, write “None” in the box.

Driver Injury Status: Darken in one oval that best describes the driver’s injury status.

Nature of Most Severe Injury: Darken in one oval that best describes the most severe injury to the driver. If there is not an appropriate oval to identify the injury, darken in the “Other” oval and explain in the narrative.

Location of Most Severe Injury: Darken in one oval that best describes the location of the most severe injury to the driver.

CITED? / IC Code

<input type="checkbox"/> If Cited? <input type="radio"/> Infraction <input type="radio"/> Misdemeanor <input type="radio"/> Felony	IC Code <hr/> IC Code
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If Cited ?: *Darken in all of the ovals that apply.* All indicated violations must be related to the crash. **If the offense is not crash related (i.e. warrant service) leave this section blank.**

IC Code: *Enter the proper IC (Indiana Code) number for the violation(s) that relates to the crash.*

VEHICLE INFORMATION

Veh#	Color	Vehicle Year	Make	Model Name	Style
# Occupants		Lic Year	License #		License State
# Axles	Speed Limit	Insured By			Phone Number
Registered Owner's Name (Last, First, MI) <input type="radio"/> Same as Driver					
Address (Street, City, State, Zip)					
Towed? <input type="radio"/> Yes <input type="radio"/> No		Towed To		Towed By	

Vehicle Number: *Enter a number to identify all vehicles involved. Vehicles should be numbered consecutively i.e. 1, 2, 3, etc.*

Color: *Enter the primary color of the vehicle. For multi-colored vehicles, the remaining colors may be noted in the narrative.* **Note:** Watch using abbreviations like Gre (Green or Grey?).

Vehicle Year: *Enter the model year of the vehicle using four digits. (Example: 1999, 2003)*

Make: *Enter the vehicles manufacturer using the full name of the company if possible; or if not, use the first four letters of the manufacturer's name. Be sure the make and model correspond.*

Model Name: *Enter the vehicle manufacturer's model name using the full name of the model. Be sure the model and make correspond.*

Style: *Enter the vehicle's body style. [See Appendix C](#) for proper style codes.*

Number (#) of Occupants: *Enter the number of occupants, including the driver, that were riding in or on the vehicle at the time of the crash.*

License (Lic) Year: *Enter the four-digit year of issue for the license plate on the vehicle. If the license plate is a temporary plate write in “Temp”. If the license plate is a Permanent Issue/Non-Expiring (i.e. State/municipally owned or Apportioned plate) write in “Perm”.*

License Number (#): *Enter the number of the license plate on the vehicle involved.*

License State: *Enter the two-letter abbreviation for the licensing state of the vehicle. [See Appendix B](#) for approved state/territory/foreign country abbreviations.*

Number (#) Axles: *Enter the number of axles on the vehicle (power unit). Exclude axles on any trailers. Example: An 18 wheeled semi with 5 axles, 3 on the power unit and 2 on the trailer, would be shown as having 3 axles.*

Speed Limit: *Enter the legal speed limit of the road where the crash occurred. **Note:** Be aware of changes in speed limits near the crash site and active school zones.*

Special Conditions:

Ramps: The speed limit on a ramp remains the same as the speed limit of the road the ramp is leaving unless otherwise posted.

Parking Lots/
Private property: If there is no clearly posted (enforceable) speed limit, then “N/A” would be entered in this box.

Insured By: *List the insurance company name for the vehicle involved. Examples of company names are: State Farm, Farm Bureau, etc. and not Sam Smith Insurance Agency. Insurance Binders are also to be listed by the company name. If a vehicle is not insured, write “None” in the box. **Note:** Rental Cars: If the renter purchased available insurance coverage from the rental car agency, that insurance company’s information would be entered. If the renter did not purchase coverage from the rental car agency then the driver’s personal automobile insurance carrier would be listed.*

Phone Number: *Enter the complete telephone number for the company/agent providing coverage for the vehicle involved. **Note:** If this information is not available write “U” in the box.*

Registered Owner’s Name: *Darken in the oval for “Same as Driver” if the registered owner and driver of the vehicle are the same. If not, enter the registered owner’s name (Last, First, MI).*

Registered Owner’s Address: *Enter the registered owner’s complete and current address (number, street, city/state and zip code); however, if the “Same as Driver” oval was darkened in, this box will be left blank.*

Towed?: *Darken in the “Yes” oval to indicate if the vehicle involved was towed from the scene by a licensed recovery vehicle (wrecker). Darken in the “No” oval and explain in the narrative when either a vehicle was towed back onto the roadway by a wrecker and then driven away or removed by a private individual.*

Towed To: *Enter the location (city name) where the vehicle was taken.*

Towed By: *Enter the name of the recovery (wrecker) company used to remove the vehicle.*

TRAILERS (COMMERCIAL AND NON-COMMERCIAL)

Trl#	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="radio"/> Same as Driver
License #			Address (Street, City, State, Zip)
Veh Year	Make		
Trl#	Lic State	Lic Year	Registered Owner's Name (Last, First, MI) <input type="radio"/> Same as Driver
License #			Address (Street, City, State, Zip)
Veh Year	Make		

Trailer (Trl #) Number: Enter a number and a letter to identify each trailer. The trailer's number should [match the number assigned to the power unit](#) (i.e. vehicle 1, 2, etc.). The letter should specify the particular trailer (i.e. a, b, etc. using lower case). This would then be shown as 1a, 1b, for vehicle #1 and 2a, 2b, for vehicle #2.

License (Lic) State: Enter the two-letter abbreviation for the licensing state of the trailer. [See Appendix B](#) for approved state/territory/foreign country abbreviations.

License (Lic) Year: Enter the four-digit year of issue for the license plate on the trailer. If the license plate is a temporary plate write in "Temp". If the license plate is a Permanent Issue/Non-Expiring (i.e. Apportioned plate) write in "Perm".

License Number (#): Enter the number of the license plate on the trailer involved.

Vehicle Year: Enter the model year of the trailer using four-digits.

Make: Enter the vehicles manufacturer using the full name of the company if possible; or if not, use the first four letters of the manufacturer's name.

Registered Owner's Name: Darken in the oval for "Same as Driver" if the registered owner of the trailer and the driver of the vehicle are the same. If not, enter the registered owner's name (Last, First, MI).

Registered Owner's Address: Enter the registered owner's complete and current address (number, street, city/state and zip code); however, if the "Same as Driver" oval has been darkened in, this box will be left blank.

IMPACT & DAMAGE AREAS

Initial Impact Area	Areas Damaged (Multiples)
<input type="radio"/> Undercarriage <input type="radio"/> Trailer <input type="radio"/> None <input type="radio"/> Unknown	<input type="radio"/> Undercarriage <input type="radio"/> Trailer <input type="radio"/> None <input type="radio"/> Unknown

Initial Impact Area: Darken in one oval that identifies the initial impact area on the vehicle. When a motorcycle is involved, use the bottom row of ovals only to identify initial impact.

Areas Damaged: Darken in all the ovals that identify damaged areas. Darken in the center oval to indicate damage to any windows. When a motorcycle is involved, use the bottom row of ovals only to identify damaged areas.

VEHICLE USE & TYPE, EMERGENCY RUN?, FIRE?

Vehicle Use		*Emergency Run?
<input type="radio"/> Personal (Farm, Company) <input type="radio"/> Commercial (Buses, Taxis, Common and Contract Carriers) <input type="radio"/> Rental, not leased <input type="radio"/> School <input type="radio"/> Police*	<input type="radio"/> Fire* <input type="radio"/> Ambulance* <input type="radio"/> Military <input type="radio"/> Highway Department <input type="radio"/> Other Government (Postal, etc) <input type="radio"/> Public Utilities (Gas, Electric, etc) <input type="radio"/> Other (Explain in Narrative)	<input type="radio"/> Yes <input type="radio"/> No <hr/> <input type="radio"/> Fire? <input type="radio"/> Yes <input type="radio"/> No

Vehicle Type	
<input type="radio"/> Passenger Car/Station Wagon <input type="radio"/> Pickup <input type="radio"/> Van <input type="radio"/> Sport Utility Vehicle <input type="radio"/> Truck (Single Unit 2 axle, 6 tires) <input type="radio"/> Truck (Single Unit 3 or more axles) <input type="radio"/> Truck/Trailer (not semi) <input type="radio"/> Tractor/One Semi Trailer <input type="radio"/> Tractor/Double Trailers <input type="radio"/> Tractor/Triple Trailers	<input type="radio"/> Tractor (Cab Only-No Trailer) <input type="radio"/> Motor Home/Recreational Vehicle <input type="radio"/> Motorcycle <input type="radio"/> Bus/Seats 9-15 Persons including the driver <input type="radio"/> Bus/Seats 15+ Persons including the driver <input type="radio"/> School Bus <input type="radio"/> Farm Vehicle <input type="radio"/> Combination Vehicle <input type="radio"/> Unknown Type (not classified) <input type="radio"/> Moped

Vehicle Use: Darken in one oval that best identifies the vehicle's intended use at the time of the crash. If there is not an appropriate oval to identify the use, darken in the "Other" oval and explain in the narrative. If an option with an asterisk (*) was selected, go to and complete the "Emergency Run" category.

***Emergency Run:** Darken in the oval to indicate if any of the emergency vehicles involved in the crash were **actively** making an emergency run at the time the crash occurred. Reminder: The personal vehicles of volunteer firefighters and EMTs by law are not considered emergency vehicles even when their blue or green courtesy lights are in operation.

Note: If there are no emergency vehicles involved in the crash, this category will be left blank.

Fire: Darken in the "yes" oval, if the vehicle was in operation (moving/stopped in traffic) when it caught fire. Darken in the "no" oval, *if no fire occurred or if a fire occurred when the vehicle was not in operation.*

Vehicle Type: Darken in one oval that describes the type of vehicle involved.

PRE-CRASH VEHICLE ACTION, DIRECTION OF TRAVEL & TYPE OF PRIMARY/SECONDARY ROADWAY

Pre-Crash Vehicle Action <input type="radio"/> Going Straight <input type="radio"/> Backing <input type="radio"/> Changing Lanes <input type="radio"/> Overtaking/Passing <input type="radio"/> Turning Right	<input type="radio"/> Turning Left <input type="radio"/> Making U Turn <input type="radio"/> Merging <input type="radio"/> Starting in Traffic <input type="radio"/> Driving Left of Center <input type="radio"/> Crossing the Median	<input type="radio"/> Slowing or Stopped in Traffic <input type="radio"/> Unattended Moving Vehicle <input type="radio"/> Avoiding Object in Road <input type="radio"/> Entering Traffic Lane <input type="radio"/> Leaving Traffic Lane <input type="radio"/> Parked				
Direction of Travel <input type="radio"/> North <input type="radio"/> East <input type="radio"/> Northeast <input type="radio"/> Southeast <input type="radio"/> South <input type="radio"/> West <input type="radio"/> Northwest <input type="radio"/> Southwest						
Type of Primary/Secondary Roadway <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> One Way Traffic <input type="radio"/> One Lane <input type="radio"/> Two Lanes <input type="radio"/> Multi-Lanes (3 or more) </td> <td style="width: 50%; vertical-align: top;"> Two Way Traffic <input type="radio"/> Two Lanes <input type="radio"/> Multi-Lane Divided (3 or more) <input type="radio"/> Multi-Lane Undivided 2 way left turn <input type="radio"/> Multi-Lane Undivided (3 or more) </td> </tr> <tr> <td colspan="2"> <input type="radio"/> Private Drive <input type="radio"/> Alley </td> </tr> </table>			One Way Traffic <input type="radio"/> One Lane <input type="radio"/> Two Lanes <input type="radio"/> Multi-Lanes (3 or more)	Two Way Traffic <input type="radio"/> Two Lanes <input type="radio"/> Multi-Lane Divided (3 or more) <input type="radio"/> Multi-Lane Undivided 2 way left turn <input type="radio"/> Multi-Lane Undivided (3 or more)	<input type="radio"/> Private Drive <input type="radio"/> Alley	
One Way Traffic <input type="radio"/> One Lane <input type="radio"/> Two Lanes <input type="radio"/> Multi-Lanes (3 or more)	Two Way Traffic <input type="radio"/> Two Lanes <input type="radio"/> Multi-Lane Divided (3 or more) <input type="radio"/> Multi-Lane Undivided 2 way left turn <input type="radio"/> Multi-Lane Undivided (3 or more)					
<input type="radio"/> Private Drive <input type="radio"/> Alley						

Pre-Crash Vehicle Action: Darken in one oval that best describes the vehicle's pre-crash action. Reminder: There are options other than going straight.

Direction of Travel: Darken in one oval that identifies the direction of travel (N, S, E, W, NE, SE, etc.) of the vehicle at the time of the crash. Note: Special attention should be paid to vehicles making turns. For parked vehicles, use the direction the vehicle was facing. For vehicles backing-up, use the direction the vehicle was traveling not facing.

Type of Primary/Secondary Roadway: Darken in one oval that describes the type of roadway for either One Way Traffic or Two Way Traffic. First determine the direction traffic can travel (if the roadway travels in both directions, generally it is considered two-way traffic). Then count the total number of travel lanes for the roadway. Examples of Multi-Lane Divided (3 or more) would be I-70, I-69, or I-65.

COLLISION OR A NON-COLLISION CRASH

If a Collision Crash Fill in only one oval in this category		
<input type="radio"/> Another Motor Vehicle <input type="radio"/> Pedestrian <input type="radio"/> Bicycle <input type="radio"/> Impact Attenuator/Crash Cushion <input type="radio"/> Bridge Overhead Structure <input type="radio"/> Bridge Pier or Abutment <input type="radio"/> Bridge Parapet End <input type="radio"/> Bridge Rail <input type="radio"/> Guardrail Face <input type="radio"/> Guardrail End <input type="radio"/> Median Barrier <input type="radio"/> Highway Traffic Sign Post	<input type="radio"/> Deer <input type="radio"/> Animal Other than Deer <input type="radio"/> Animal Drawn Vehicle <input type="radio"/> Overhead Sign Post <input type="radio"/> Light Support <input type="radio"/> Utility Pole <input type="radio"/> Culvert <input type="radio"/> Embankment <input type="radio"/> Other Post/Pole/or Support <input type="radio"/> Wall/Building/Tunnel, etc <input type="radio"/> Work Zone Maintenance Equip. <input type="radio"/> Other (explain in narrative)	<input type="radio"/> Railway Vehicle <input type="radio"/> Fence <input type="radio"/> Mailbox <input type="radio"/> Tree <input type="radio"/> Curb <input type="radio"/> Ditch
Or if a Non-Collision Crash Fill in only one oval in this category		
<input type="radio"/> Overturn/Rollover <input type="radio"/> Fire/Explosion <input type="radio"/> Immersion	<input type="radio"/> Jackknife <input type="radio"/> Cargo/Equipment Shift or Loss <input type="radio"/> Off Roadway	<input type="radio"/> Fell from vehicle

Darken in one oval that best describes the first harmful event that makes this a "Collision" or "Non-collision" crash. (Example, vehicle #1, strikes a pedestrian in the street, then loses control and strikes a light pole. The first harmful event would be striking the pedestrian). Note: All additional objects struck should be described in the narrative.

COMMERCIAL VEHICLES

Veh#	Commercial Vehicle: Carrier's Name and Address				
HAZMAT Proper Shipping Name:					
US DOT#		ICC#		State DOT#	
Vehicle Identification#				CMV Inspection?	If <input type="radio"/> L1 <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> L3
Gross Vehicle Weight Rating		Cargo Body Type			
<input type="radio"/> Less than 10,000# <input type="radio"/> 10,001-26,000# <input type="radio"/> 26,001# or more		<input type="radio"/> Grain, Chip, Gravel, Coal <input type="radio"/> Flatbed <input type="radio"/> Dump <input type="radio"/> Bus <input type="radio"/> Van/Enclosed Box <input type="radio"/> Cargo Tank <input type="radio"/> Garbage/Refuse <input type="radio"/> Concrete Mixer <input type="radio"/> Auto Transport <input type="radio"/> Pole <input type="radio"/> Other (Explain in Narrative)			
HAZMAT <input type="radio"/> Yes <input type="radio"/> No Placard <input type="radio"/> Yes <input type="radio"/> No		HAZMAT <input type="radio"/> Yes <input type="radio"/> No Release of Cargo <input type="radio"/> Yes <input type="radio"/> No		HAZMAT 4-Digit ID # Hazard Class #	

This section is completed any time a commercial vehicle is involved in the crash.

The following is a definition of a Commercial Motor Vehicle. A vehicle involved must meet one of the following criteria to complete this section:

- 1) A Truck: A vehicle equipped for carrying property and having a Gross Vehicle Weight Rating (GVWR) or Gross Combination Weight Rating (GCWR) over 10,000 pounds.
- 2) A Bus: A motor vehicle designed to transport 9 or more occupants.
- 3) Any Vehicle: Displaying a hazardous materials placard.

Vehicle #: Enter a number to identify the commercial motor vehicle. This number should [match the number assigned to the power unit](#).

Commercial Vehicle: [Carrier's Name and Address](#): Enter the name and address of the carrier under whose authority the driver is operating. The term "authority" simply means the carrier that is responsible for the load/trip currently being executed; therefore, the name on the side of the truck is not always the carrier the driver is working for at that moment. Be especially attentive to lease vehicles (Ryder, Penske, etc.) For help in locating this information, see the illustrations on "[How to find the correct U.S. DOT/ICC # and Carrier Name](#)" at the end of the section.

HAZMAT Proper Shipping Name: Enter the proper shipping name for any placarded hazardous material that is being transported. The material's name will be found on the shipping papers. If no hazardous material is being transported leave this box blank.

US DOT#: (United States Department of Transportation Number) *Enter the US DOT Number for the carrier involved.* The number can best be found on the [Indiana Cab Card-Registration](#) or the [Single State Registration Form \(R.S. 3 form\)](#). For help in locating this information, see the illustrations on [“How to find the correct U.S. DOT/ICC # and Carrier Name”](#) at the end of the section.

ICC #: (Interstate Commerce Commission Number) *Enter the ICC Number for the carrier involved.* The number can best be found on the [Indiana Cab Card-Registration](#) or the [Single State Registration Form \(R.S. 3 form\)](#). For help in locating this information, see the illustrations on [“How to find the correct U.S. DOT/ICC # and Carrier Name”](#) at the end of the section.

State DOT #: (Indiana State Department of Transportation Number) *Enter the Indiana State DOT Number for the carrier involved.* The number can best be found on the [Indiana Cab Card-Registration](#) or the [Indiana Intrastate Registration form](#). For help in locating this information, see the illustrations on [“How to find the correct U.S. DOT/ICC # and Carrier Name”](#) at the end of the section.

Vehicle Identification Number: (VIN) *Enter the V.I.N. from the power unit only (do not include any trailers).*

CMV (Commercial Motor Vehicle) Inspection: *Darken in the oval to indicate if a certified inspection (by an Indiana State Police Motor Carrier Inspector or a Federally certified State Trooper) was completed.* These inspections are optional and solely at the discretion of the investigating officer. If “yes”, darken in the oval to indicate which type of inspection was completed.

Gross Vehicle Weight Rating: (GVWR) *Darken in the oval for the category representing the GVWR of the power unit only (do not include any trailers).* This information is located on the inside of the cab on the driver’s doorframe.

Cargo Body Type: *Darken in one oval for the category best representing the cargo area on a single vehicle or a trailer designed to haul cargo or people.* If the appropriate body style is not an available option, darken in the “Other” oval and explain in the narrative.

HAZMAT Placard: (Hazardous Material) *Darken in the oval to indicate if the vehicle was placarded.* A placard is a diamond shaped warning sign located on all four sides of the vehicle indicating the type and class of material being transported. For help with placards, see the [placard example](#) at end of the section.

HAZMAT Release of Cargo: *Darken in the oval to indicate whether or not there was a hazardous material release.* **Note:** This category does not apply to the release of fuel from the power unit’s fuel tanks.

HAZMAT 4-Digit ID Number: *Enter the 4-Digit ID Number (if applicable) that appears on the placard.* For help with placards, see the [placard example](#) at end of the section. This number can also be found on the shipping papers.

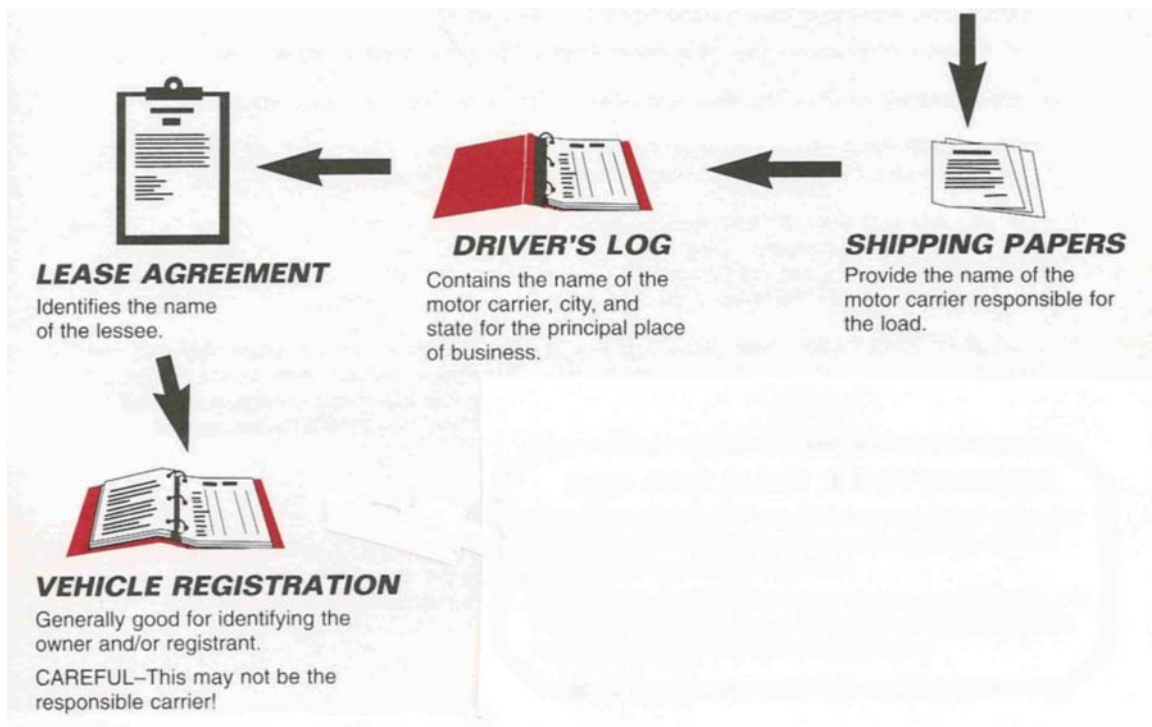
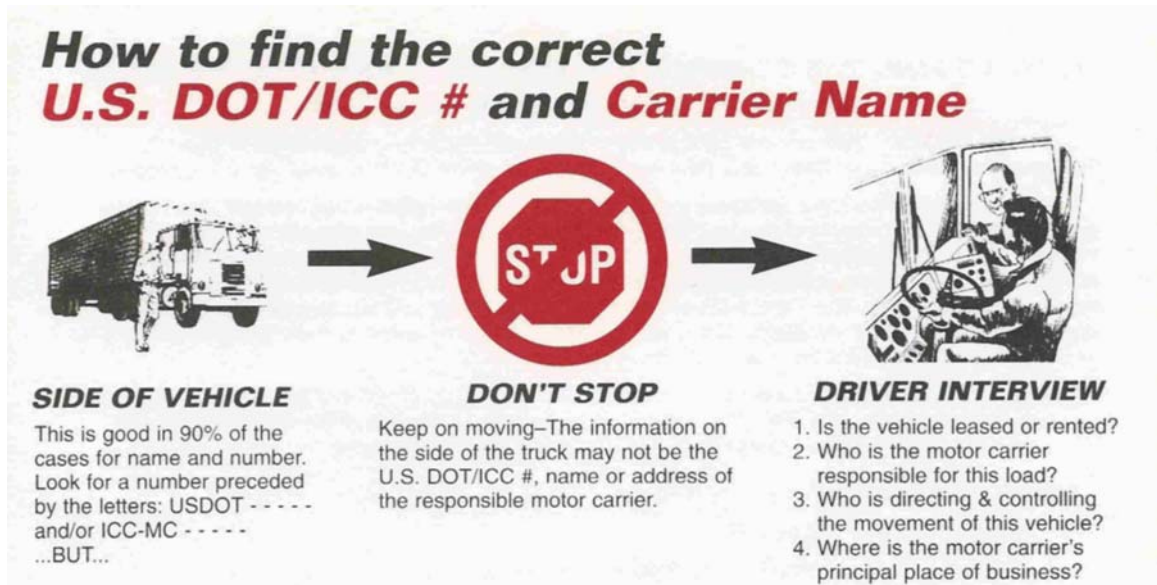
Hazard Class Number: *Enter the two-digit hazard class number (1 through 9) that appears on the placard. This number can also be found on the shipping papers. If only one-digit is shown, example the number 4, it would be listed as 4.0. For help with placards, see the [placard example](#) at end of the section.*

If there are questions about commercial motor vehicles please contact:

Indiana State Police
Commercial Vehicle Enforcement Division
5252 Decatur Blvd., Suite J
Indianapolis, IN 46241
(317)-615-7373
1-800-523-2226

How to find the correct U.S. DOT/ICC # and Carrier Name

The Federal Highway Administration and States use crash reports in determining safety fitness ratings of motor carriers and to target unsafe carriers for in-depth investigations. To avoid improperly identifying the name and address of a motor carrier, you should rely on more than one document or item when identifying the motor carrier. You should review as many of the following items as possible to determine the correct carrier's name and address of the motor carrier.





INDIANA REGISTRATION CAB CARD

ORIGINAL



NAME OF OPERATOR NORTH AMERICAN VAN LINES INC		ACCOUNT NO.: 95	FLEET NO.: 1
BUSINESS STREET ADDRESS: 5001 US HWY 30 W		CITY FORT WAYNE	
STATE IN	ZIP CODE 46818-0000	CREDENTIAL VALIDITY PERIOD 01-APR-2003 THRU 31-MAR-2004	
EXCISE TAX PAID AMOUNT AND DATE \$25.63 19-MAR-2003		REGISTRANT USDOT NO. 70851	TRANSACTION NO. 80
UNIT NO. 231087	VEHICLE IDENTIFICATION NO. 1FUYSSB0WL896223		VEHICLE TYPE TR
VEHICLE YEAR 1998	VEHICLE MAKE FRT	FUEL TYPE D	NO. OF AXLES 3
CARRIER TYPE FOR HIRE		CLASS N/A	CAB CARD NO. 673002
COMBINED GROSS WEIGHT 80000		GROSS WEIGHT 80000	UNLADEN WEIGHT 18560
OWNER NAME ERNESTO RIOS		OWNER USDOT NO. 70851	
APPORTIONED LICENSE PLATE NO. 237034		MOTOR CARRIER USDOT NO. 70851	

ENFORCEMENT CONTROL NUMBER: 1806968419

This vehicle described herein has been proportionally registered with the State of Indiana and other jurisdictions shown below.

AB	36288	AK	80000	AL	80000	AR	80000	AZ	80000	BC	36288
CA	80000	CO	80000	CT	80000	DC	80000	DE	80000	FL	80000
GA	80000	IA	80000	ID	80000	IL	80000	KS	80000	KY	80000
LA	80000	MA	80000	MB	36288	ME	80000	MI	80000		
MN	80000	MO	80000	MS	80000	MT	80000	NB	36288	NC	80000
ND	80000	NE	80000	NF	36288	NH	80000	NJ	80000	NM	80000
NS	36288	NV	80000	NY	80000	OH	80000	OK	80000	ON	36288
OR	80000	PA	80000	PE	36288	QC	36288	RI	80000	SC	80000
SD	80000	SK	36288	TN	80000	TX	80000	UT	80000	VA	80000
VT	80000	WA	80000	WI	80000	WV	80000	WY	80000	YT	80000

Issued by the Indiana Department of Revenue - For inquiries regarding the validity of this registration cab card, please call Indiana's Voice Response Unit twenty four hours a day at (866)615-7340.

Canadian Provinces are shown in Kilograms, all other jurisdictions are shown in Pounds.

STATE OF INDIANA



INDIANAPOLIS, IN 46241-9524

DEPARTMENT OF REVENUE

MOTOR CARRIER SERVICES DIVISION
5252 DECATUR BLVD., STE. R

INTRASTATE MOTOR CARRIER SAFETY AND INSURANCE REGISTRATION RECEIPT

Legal Name: KENT M GILMER
Dbn Name: GILMER TRUCKING
Address: 20390 NEW RD
SOUTH BEND, IN 466149640

US DOT No: 637904
Effective: 01-JAN-2003
Expires: 31-DEC-2003

Number of Vehicles Registered: 4

This registration receipt is acknowledgement of the carrier's certification to engage in intrastate transportation of property in Indiana. The carrier may not haul hazardous materials and is required to hold \$750,000 in public liability and property damage insurance in accordance with 49 CFR.

This registration receipt is valid through the expiration date if the carrier maintains compliance with the vehicle registration, insurance, safety and resident agent designation requirements for out of state carriers as set out in Indiana Code 8-2.1.

This certification is subject to any terms, conditions and limitations as are now, or may later be, attached to this privilege.

An unaltered, legible copy of this receipt must be carried in the cab of the registered vehicle(s)

Your USDOT number is referenced above and should be displayed on your vehicle as follows, unless you are an INTERSTATE Carrier and your vehicles are already marked with your USDOT number or your ICC/MC number.

USDOT 637904 IN

The vehicle marking should meet the conditions of 49 CFR 390.21.

SAMPLE

Mailing Address
KENT M GILMER
20390 NEW RD
SOUTH BEND, IN 466149640

D

Receipt Issued By:
Indiana Department Of Revenue
Motor Carrier Services Division
P.O. Box 6075
Indianapolis, IN 46206-6075

STATE OF INDIANA



INDIANAPOLIS, IN 46241-9524

DEPARTMENT OF REVENUE
MOTOR CARRIER SERVICES DIVISION
5252 DECATUR BLVD., STE. R

REGISTRATION RECEIPT- PROPERTY	
Indiana Department of Revenue 5252 Decatur Blvd, Suite R Indianapolis, Indiana 46241 (317)615-7350	Effective: 01-JAN-2003 Expires: 31-DEC-2003 US DOT No: 637904 SSN: 317505010 ORIGINAL FEIN: 351479531
In accordance with Public Law 102-240 this receipt (evidencing the registration of ICC/FHWA authority) must be carried in the cab of each vehicle and may not be altered. Alteration will result in confiscation and penalties.	This Receipt authorizes this motor carrier to operate in the following States: ***** IL (0004) IN (0004) MI (0004) *****
FHWA/ICC: 334847 Legal Name: KENT M GILMER Dba Name : GILMER TRUCKING Address : 20390 NEW RD SOUTH BEND, IN 466149640	

Mailing Address:
KENT M GILMER
20390 NEW RD
SOUTH BEND, IN 466149640

1

“Equal Opportunity Employer”

EXAMPLES OF PLACARDS AND CLASSES

Table 1 (Placard any quantity)

Hazard Class or Division	Placard Name
1.1	EXPLOSIVES 1.1
1.2	EXPLOSIVES 1.2
1.3	EXPLOSIVES 1.3
2.3	POISON GAS
4.3	DANGEROUS WHEN WET
5.2 (Organic peroxide, Type B, liquid or solid, temperature controlled) ...	ORGANIC PEROXIDE
6.1 (Inhalation Hazard, Zone A or B) ...	POISON INHALATION HAZARD
7 (Radioactive Yellow III label only) ...	RADIOACTIVE

Table 2 (Placard 1,001 pounds or more)

Hazard Class or Division	Placard Name
1.4	EXPLOSIVES 1.4
1.5	EXPLOSIVES 1.5
1.6	EXPLOSIVES 1.6
2.1	FLAMMABLE GAS
2.2	NON-FLAMMABLE GAS
3	FLAMMABLE
Combustible Liquid	COMBUSTIBLE
4.1	FLAMMABLE SOLID
4.2	SPONTANEOUSLY COMBUSTIBLE
5.1	OXIDIZER
5.2 (Other than organic peroxide, Type B, liquid or solid, temperature controlled) .	ORGANIC PEROXIDE
6.1 (PG I or II, other than Zone A or B inhalation hazard)	POISON
6.1 (PG III)	KEEP AWAY FROM FOOD
6.2 (Infectious substance)	NONE
8	CORROSIVE
9	CLASS 9 (placard not required for domestic transportation)
ORM-D	NONE



Note: If a placard only contains wording and does not have a four-digit “UN” or “NA” number on it. The number can be found on the shipping papers (which the driver is required to have). The number and name of the product should be highlighted on the papers.

If only one-digit is shown, example the number 4, it would be listed as 4.0.

NON-DRIVER INJURED
PAGE

Page		of
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HEADER INFORMATION

Local ID		Page		of							
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Local ID: An investigating agency's locally assigned crash identification number is entered into this box.

Page Numbers: The **first box** always refers to the numerical order of pages in the report. The **second box** indicates the total number of pages used (including [supporting documents](#)) in each submission. **Note:** When only using one side of the non-driver injured page (i.e. 1 to 4 non-driver injuries) the remaining unused page will not be counted in the total number of pages.

Bar Code Box:

Original Report: When this page is submitted with an original perforated report the bar code number from page one (the general information page) will be entered into these boxes.

Supplemental Report: When supplementing a previously submitted original crash report, the bar code numbers from the original crash report must be entered into these boxes.

NON-DRIVER INJURED INFORMATION

Injured Pre-crash Location: Veh# _____ <input type="radio"/> Pedalcyclist <input type="radio"/> Pedestrian <input type="radio"/> Other (Explain in Narrative)				Safety Equipment Used		Safety Equipment Effective?		Ejection/Trapped	
Name (Last, First, MI) Address, etc.				<input type="radio"/> No restraint <input type="radio"/> Lap Belt Only <input type="radio"/> Harness (Only) <input type="radio"/> Lap + Harness <input type="radio"/> Child Restraint <input type="radio"/> Helmet <input type="radio"/> Airbag (No Restraint)		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A		<input type="radio"/> Not Ejected or Trapped <input type="radio"/> Partially Ejected <input type="radio"/> Ejected <input type="radio"/> Trapped In <input type="radio"/> Pinned Under <input type="radio"/> Unknown	
Date of Birth	Month	Day	Year	Age	Victim Injury Status	Nature of Most Severe Injury	Location of Most Severe Injury	Test Given	Type Given
Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown Position in or on Vehicle <div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;"> <input type="radio"/> Front <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px;"></div> </div> </div> <div style="text-align: center;"> <input type="radio"/> Rear </div> </div>					<input type="radio"/> Fatal Injury <input type="radio"/> Non-Fatal Injury <input type="radio"/> Incapacitating <input type="radio"/> Non-Incapacitating <input type="radio"/> Possible Injury <input type="radio"/> Unknown <input type="radio"/> Refused EMS No.	<input type="radio"/> Severed <input type="radio"/> Minor Burn <input type="radio"/> Internal <input type="radio"/> Severe Burn <input type="radio"/> Abrasion <input type="radio"/> Minor Bleeding <input type="radio"/> Severe Bleeding (Arterial) <input type="radio"/> Fracture/Dislocation <input type="radio"/> Contusion/Bruise <input type="radio"/> Complaint of Pain <input type="radio"/> None Visible <input type="radio"/> Other (Explain in Narrative)	<input type="radio"/> Head <input type="radio"/> Face <input type="radio"/> Eye <input type="radio"/> Neck <input type="radio"/> Chest <input type="radio"/> Back <input type="radio"/> Shoulder/Upper Arm <input type="radio"/> Elbow/Lower Arm <input type="radio"/> Abdomen/Pelvis <input type="radio"/> Hip/Upper Leg <input type="radio"/> Knee/Lower Leg/Foot <input type="radio"/> Entire Body	<input type="radio"/> None <input type="radio"/> Alcohol <input type="radio"/> Drug <input type="radio"/> Alcohol+Drug <input type="radio"/> Refused	<input type="radio"/> Blood <input type="radio"/> Urine <input type="radio"/> Breath <input type="radio"/> SFST <input type="radio"/> PBT
							Alcohol Results Drug PBT ____ Certified Test ____ Pending <input type="radio"/>		<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Pending

Injured Pre-Crash Location:

- Passenger: Enter the vehicle number in which the injured person was a passenger in or on.
- Pedalcyclist or Pedestrian: Darken in the oval that best describes the injured person.
- Other: Darken in the oval if there is not an appropriate oval to identify the injured person and explain in the narrative.

Name & Address, etc.: Enter the non-driver injured person's name (Last, First, MI) and complete address. If no middle name or initial, write "(NMI)". Common abbreviations such as "N" for north, and "Apt" for apartment may be used in the address, along with the [two letter abbreviations](#) for the state (i.e. "IN" for Indiana).

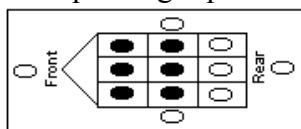
Date of Birth: Enter the month, calendar day, and year of the non-driver injured person's date of birth using numeric symbols. For month use 01=January, 02=February, etc; for the day use 01, 02, etc.; and for the year use all four digits 2003, 2004, etc.

Age: Enter the non-driver injured person's age in years. **Note:** For infants under one year of age list their **age in months, weeks or days**. Example of a proper entry for a six-month old would be 6M.

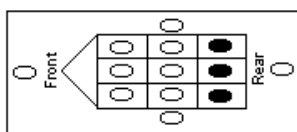
Gender: Darken in the oval that relates to the sex of the non-driver injured person.

Position in or on Vehicle: Darken in the oval that most closely indicates a non-driver injured person's position. Ovals outside of the vehicle, reflect persons riding on the vehicle and not standing in front, behind, or to the side of it. If the person was a non-motorist this area will be left blank.

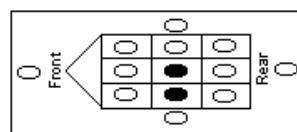
Examples of passenger positions:



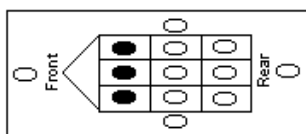
- ▶ Passenger vehicles
- ▶ SUVs, Vans
- ▶ Extended cab trucks
- ▶ Semi: Front Row Cab
- ▶ 2nd Row Sleeper Berth



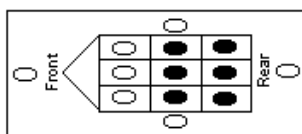
- ▶ 3rd Row Seats in SUVs, Vans
- ▶ Beds of trucks (Attention to right or left side)



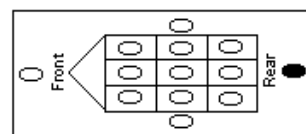
- ▶ Motorcycle Passenger Bottom Center Oval
- ▶ Sidecar Passenger Center Oval



- Single row seats:
 - ▶ Sports Cars
 - ▶ Single cab truck/Semi



- ▶ Passengers in buses (Attention to inside or outside rows).



- ▶ Trailer/Camper
- ▶ Hanging on rear of a vehicle.

Victim Injury Status: Darken in one oval that best describes the non-driver injured person's injury status.

EMS Number: Enter the four-digit (4) number of the Emergency Medical Service unit that transported the non-driver injured person from the scene. This also includes air-ambulances (Lifeline, etc.). If the non-driver injured person was not transported, write "None" in the box.

Nature of Most Severe Injury: *Darken in one oval that best describes the most severe injury to the non-driver injured person. If there is not an appropriate oval to identify the injury, darken in the “Other” oval and explain in the narrative.*

Safety Equipment Used: *Darken in one oval that best describes the safety equipment used by the non-driver injured person. The “Airbag” oval should be darkened in only if the airbag has deployed. Special instructions:*

- **Improperly used belt:** *If the shoulder harness is placed behind the back and the lap belt is properly worn, darken in the oval “Lap Belt Only”.*
- **Helmets:** *When no helmet is worn/used, leave this section blank.*

Safety Equipment Effective?: *Darken in one oval that, in the investigating officer’s judgement, describes the effectiveness of the safety equipment that was used (did the equipment do what is was intended to do?). If safety equipment was not used, darken in the “Not Applicable” oval.*

Ejected/Trapped: *Darken in one oval that describes whether a non-driver injured person was ejected from, trapped within or pinned under a vehicle.*

Location of Most Severe Injury: *Darken in one oval that best describes the location of the most severe injury to the non-driver injured person.*

Test Given: *Darken in one oval that identifies the test(s) offered to the non-driver injured person. **Note:** If a non-driver injured person refuses any test, darken in the refused oval. If a drug test is refused, this must be explained in the narrative.*

Type Given: *Darken in all the oval(s) that identify the type of test(s) administered or offered to the non-driver injured person. Multiple ovals may be darkened in based upon the number of tests. **Note:** If a non-driver injured person refuses a test, darken in the oval for the test.*

Results: *This category is broken into two sub-categories, Alcohol and Drugs.*

- **Alcohol:** **PBT (Portable Breath Test):** *Enter the numeric two digit test results.*
Certified Test: *Enter the numeric two digit test results. If refused, leave blank.*
Pending Oval: *Darken in the oval if certified test results are pending. If the pending oval is darkened in, a supplemental report must be submitted when the final results are received.*
- **Drugs:** **Positive:** *Darken in the oval if a field or certified test returns a positive result. The substance(s) with a positive result must be identified in the narrative.*
Negative: *Darken in the oval if a field or certified test returns a negative result.*
Pending Oval: *Darken in the oval if certified test results are pending. If the pending oval is darkened in, a supplemental report must be submitted when the final results are received.*

UNIQUE OCCURRENCES

Recovery Vehicles (Wreckers)

- When a wrecker is towing a vehicle in which at least one wheel is touching the ground, the towed vehicle will be listed as a trailer on a crash report.
- When a “flatbed” wrecker is hauling a vehicle in which none of the vehicles wheels are touching the ground, the vehicle would be listed as cargo on a crash report.

Vehicles (other than recovery vehicles) Towing Vehicles

- Vehicles being towed, pulled or piggybacked *without* an operator are identified as trailers.
- Vehicles being towed, pulled, or pushed *with* an operator in control (steering, braking, etc.) are identified as a separate motor vehicle independent of the towing/pushing vehicle.

Driver has Heart Attack

- If the driver has a heart attack & dies causing him to lose control and crash, a crash report is required and the driver is listed as a fatality. This would also apply to other types of sudden illnesses. If after an autopsy, it is determined the driver died prior to the crash, a supplement will be required providing this information.

Animal Drawn Vehicle

- Animal drawn vehicles are not considered motor vehicles; therefore, they are not included in the count of the total vehicles involved. They are to be listed as a Non-Motorist and explained in the narrative.

Motorized Wheelchairs

- Motorized Wheelchairs are to be listed as a Non-Motorist and explained in the narrative.

***Farm Implements**

- If the implement is on the traveled portion of the road it is considered a vehicle; therefore, it will be included in the count of total vehicles involved and the driver and vehicle will be listed on a unit page.

***Lawn Mowers**

- If the mower is on the traveled portion of the road it is considered a vehicle.
- If a mower is cutting grass along the edge of the road and kicks a rock up and damages a passing car the mower operator will be listed as an other participant.
- If a car loses control and hits a mower in a yard, the mower operator becomes a non-motorist.

A driver's license or vehicle registration is not required in order to operate the above noted () vehicles on the roadway. The driver's license number and state of issue would be left blank in the driver's information section and the license plate number, year and state of issue would be left blank in the vehicle information section.

Objects Thrown

- When objects are intentionally thrown and strike a vehicle causing damage/injury, a criminal case report is required. In addition, a crash report will also be required if this situation meets the criteria (numbers 1-4) under “Determining when a crash reports required”. Example: Objects thrown from an overpass bridge.

Car – Train

- Railway vehicles are not considered motor vehicles; therefore, they are not included in the count of the total vehicles involved and the following information will be listed in the narrative only.

1) Engineer Information

Name
Address
DOB
Telephone Number
Time of Collision
Train’s Estimated Speed at impact

2) Conductor Information

Name
Address
DOB
Telephone Number
Train ID Number

Note: Do not include the operator’s license number for the Engineer or the Conductor.

3) Train Information

Lead engine number
Number of cars in train
Tracks owner: name/address
Train/engine’s owner: name/address
Additional crewmembers

4) Engine Information

Headlight working?
Horn working?
Bell working?

5) Miscellaneous Information

RR Car number at the crossing?
Distance to last RR car from point of impact?
Witnesses

Note: At this point, if no further information is required, consider releasing the train.

6) Crossing Signals

Light-gate/ bell combination?
Light/bell combination?
Passive warning (Crossbucks)?
Wig-Wag Type Lights?
Lights flashing/bell ringing on your arrival?
Crossing gates down?

7) Other Crossing Characteristics?

Advance warning signs in place?
Distance from sign to nearest rail?
Crossing surface (rubber, asphalt, etc)?
Pavement markings?
DOT/AAR crossing ID number?
Width of right-of-way in feet?
Visual obstructions of drivers approach?
Citation given if warranted?

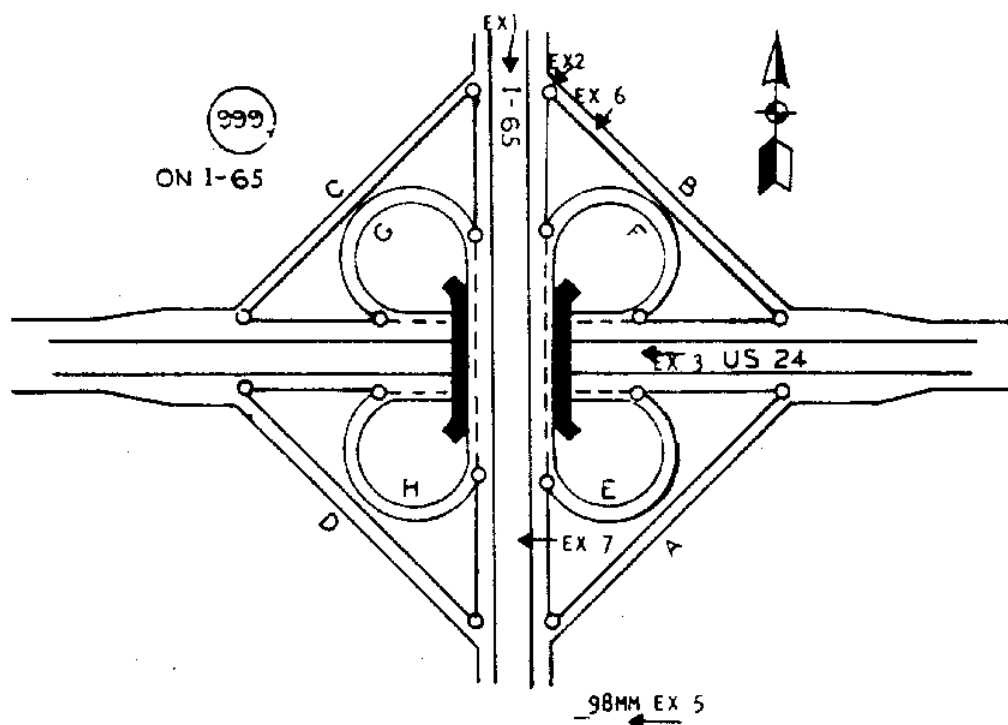
Note: If the warning devices were not working upon your arrival, explain this further.

APPENDIX

(A, B, and C)

APPENDIX A (Examples of crash location illustrations)

Figure A



Example – Ex 1

Date of Crash Month Day Year		Day of Week	Actual Local Time <input type="radio"/> AM <input type="radio"/> PM	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
Road Crash Occurred On I-65 (s/b)			Nearest/Intersecting Road /MileMarker/Interchange US 24-999- C		If not at an intersection, number of feet from	Direction	Road Class. <input checked="" type="radio"/> Interstate <input type="radio"/> County Road <input type="radio"/> US Road <input type="radio"/> Local/City Road <input type="radio"/> State Road <input type="radio"/> Other			
Inside Corporate Limits? <input checked="" type="radio"/> Yes <input type="radio"/> No		City/Town or Nearest City/Town Indianapolis		Property? <input type="radio"/> Private <input checked="" type="radio"/> DNR <input type="radio"/> Other		Crash Latitude 41° 43' 00" N		Crash Longitude 87° 15' 00" W		
Driver #1__		Driver #2__		Driver #3__		Driver #4__				

The above crash occurred while the vehicle was on I-65 s/b approaching a ramp at the intersection of I-65 and U.S. 24. In this example, the crash also occurred in the city of Indianapolis, within corporate limits, on a public roadway (“Other”), and the highest road classification that applied was the “Interstate” designation.

Example – Ex 2

Date of Crash Month Day Year			Day of Week	Actual Local Time <input type="radio"/> AM <input type="radio"/> PM	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
Road Crash Occurred On US 24-999-B-(w/b)				Nearest/Intersecting Road /MileMarker/Interchange I-65 (n/b)		If not at an intersection, number of feet from	Direction	Road Class. <input type="radio"/> Interstate <input type="radio"/> County Road <input checked="" type="radio"/> US Road <input type="radio"/> Local/City Road <input type="radio"/> State Road <input type="radio"/> Other			
Inside Corporate Limits? <input checked="" type="radio"/> Yes <input type="radio"/> No		City/Town or Nearest City/Town Indianapolis		Property? <input type="radio"/> Private <input type="radio"/> DNR <input checked="" type="radio"/> Other		Crash Latitude 41° 43' 00" N		Crash Longitude 87° 15' 00" W			
Driver #1__			Driver #2__			Driver #3__			Driver #4__		

The above crash occurred after the vehicle had left U.S. 24 (w/b) and was on the ramp to I-65 (n/b). The crash occurred where the ramp intersected with I-65. In this example, the crash also occurred in the city of Indianapolis, within corporate limits, on a public roadway (“Other”), and the highest road classification that applied was the “US Route” designation.

Example – Ex 3

Date of Crash Month Day Year			Day of Week	Actual Local Time <input type="radio"/> AM <input type="radio"/> PM	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
Road Crash Occurred On US 24 (w/b)				Nearest/Intersecting Road /MileMarker/Interchange I-65-999-F		If not at an intersection, number of feet from	Direction	Road Class. <input type="radio"/> Interstate <input type="radio"/> County Road <input checked="" type="radio"/> US Road <input type="radio"/> Local/City Road <input type="radio"/> State Road <input type="radio"/> Other			
Inside Corporate Limits? <input checked="" type="radio"/> Yes <input type="radio"/> No		City/Town or Nearest City/Town Indianapolis		Property? <input type="radio"/> Private <input type="radio"/> DNR <input checked="" type="radio"/> Other		Crash Latitude 41° 43' 00" N		Crash Longitude 87° 15' 00" W			
Driver #1__			Driver #2__			Driver #3__			Driver #4__		

The above crash occurred while the vehicle was on U.S. 24 (w/b) and within the area of the ramp (at the intersection of I-65 and U.S. 24). In this example, the crash also occurred in the city of Indianapolis, within corporate limits, on a public roadway (“Other”), and the highest road classification that applied was the “US Route” designation.

Example – Ex 5

Date of Crash Month Day Year			Day of Week	Actual Local Time <input type="radio"/> AM <input type="radio"/> PM	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
Road Crash Occurred On I-65 (n/b)				Nearest/Intersecting Road /MileMarker/Interchange 98 mm		If not at an intersection, number of feet from	Direction	Road Class. <input checked="" type="radio"/> Interstate <input type="radio"/> County Road <input type="radio"/> US Road <input type="radio"/> Local/City Road <input type="radio"/> State Road <input type="radio"/> Other			
Inside Corporate Limits? <input checked="" type="radio"/> Yes <input type="radio"/> No		City/Town or Nearest City/Town Indianapolis		Property? <input type="radio"/> Private <input type="radio"/> DNR <input checked="" type="radio"/> Other		Crash Latitude 41° 43' 00" N		Crash Longitude 87° 15' 00" W			
Driver #1__			Driver #2__			Driver #3__			Driver #4__		

The above crash occurred while the vehicle was on I-65 (n/b) (south of the I-65 and U.S. 24 intersection) and at mile marker 98 (98 mm). In this example, the crash also occurred in the city of Indianapolis, within corporate limits, on a public roadway (“Other”), and the highest road classification that applied was the “Interstate” designation.

Example – Ex 6

Date of Crash Month Day Year			Day of Week	Actual Local Time <input type="radio"/> AM <input type="radio"/> PM	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
Road Crash Occurred On US 24-999-B-(w/b)				Nearest/Intersecting Road /MileMarker/Interchange I-65 (n/b)		If not at an intersection, number of feet from 75	Direction SE	Road Class. <input type="radio"/> Interstate <input type="radio"/> County Road <input checked="" type="radio"/> US Road <input type="radio"/> Local/City Road <input type="radio"/> State Road <input type="radio"/> Other			
Inside Corporate Limits? <input checked="" type="radio"/> Yes <input type="radio"/> No		City/Town or Nearest City/Town Indianapolis		Property? <input type="radio"/> Private <input type="radio"/> DNR <input checked="" type="radio"/> Other		Crash Latitude 41°43' 00" N		Crash Longitude 87°15' 00" W			
Driver #1__			Driver #2__			Driver #3__			Driver #4__		

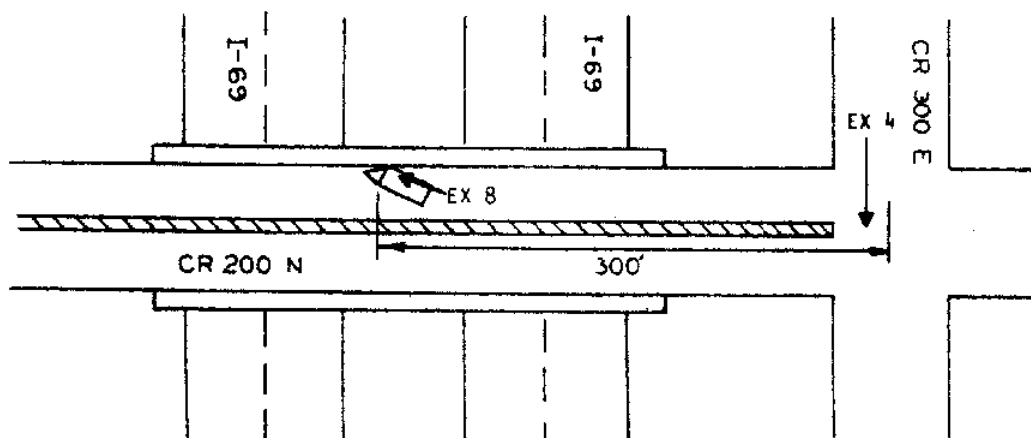
The above crash occurred after the vehicle had left U.S. 24 and was on the ramp to I-65 and the crash occurred 75 feet south of the point where the ramp intersected with I-65. In this example, the crash also occurred in the city of Indianapolis, within corporate limits, on a public roadway (“Other”), and the highest road classification that applied was the “US Route” designation.

Example – Ex 7

Date of Crash Month Day Year			Day of Week	Actual Local Time <input type="radio"/> AM <input type="radio"/> PM	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
Road Crash Occurred On I-65 (n/b)				Nearest/Intersecting Road /MileMarker/Interchange 98 mm		If not at an intersection, number of feet from 75	Direction N	Road Class. <input checked="" type="radio"/> Interstate <input type="radio"/> County Road <input type="radio"/> US Road <input type="radio"/> Local/City Road <input type="radio"/> State Road <input type="radio"/> Other			
Inside Corporate Limits? <input checked="" type="radio"/> Yes <input type="radio"/> No		City/Town or Nearest City/Town Indianapolis		Property? <input type="radio"/> Private <input type="radio"/> DNR <input checked="" type="radio"/> Other		Crash Latitude 41°43' 00" N		Crash Longitude 87°15' 00" W			
Driver #1__			Driver #2__			Driver #3__			Driver #4__		

The above crash occurred while the vehicle was on I-65 and the crash occurred 75 feet north of the mile marker (98 mm). In this example, the crash also occurred in the city of Indianapolis, within corporate limits, on a public roadway (“Other”), and the highest road classification that applied was the “Interstate” designation.

Figure B



Example – Ex 4

Date of Crash Month Day Year		Day of Week	Actual Local Time <input type="radio"/> AM <input type="radio"/> PM	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
Road Crash Occurred On CR 300E			Nearest/Intersecting Road /MileMarker/Interchange CR 200N		If not at an intersection, number of feet from	Direction	Road Class. <input type="radio"/> Interstate <input checked="" type="radio"/> County Road <input type="radio"/> US Road <input type="radio"/> Local/City Road <input type="radio"/> State Road <input type="radio"/> Other			
Inside Corporate Limits? <input type="radio"/> Yes <input checked="" type="radio"/> No		City/Town or Nearest City/Town Indianapolis		Property? <input type="radio"/> Private <input checked="" type="radio"/> Other		Crash Latitude 41° 43' 00" N		Crash Longitude 87° 15' 00" W		
Driver #1__			Driver #2__		Driver #3__		Driver #4__			

The above crash occurred while the vehicle was on CR 300E at the intersection with CR 200N. In this example, the crash occurred on a public roadway (“Other”), and the highest road classification that applied was the “County Road” designation.

Example – Ex 8

Date of Crash Month Day Year		Day of Week	Actual Local Time <input type="radio"/> AM <input type="radio"/> PM	County	Township	# Motor Vehicles	# Injured	# Dead	# Commercial Vehicles	# Deer
Road Crash Occurred On CR 200N			Nearest/Intersecting Road /MileMarker/Interchange CR 300E		If not at an intersection, number of feet from 75	Direction W	Road Class. <input type="radio"/> Interstate <input checked="" type="radio"/> County Road <input type="radio"/> US Road <input type="radio"/> Local/City Road <input type="radio"/> State Road <input type="radio"/> Other			
Inside Corporate Limits? <input type="radio"/> Yes <input checked="" type="radio"/> No		City/Town or Nearest City/Town Indianapolis		Property? <input type="radio"/> Private <input checked="" type="radio"/> Other		Crash Latitude 41° 43' 00" N		Crash Longitude 87° 15' 00" W		
Driver #1__			Driver #2__		Driver #3__		Driver #4__			

The above crash occurred while the vehicle was on CR 200N, approximately 75 feet west of the point where CR 300E intersects with CR 200N. In this example, the crash occurred on a public roadway (“Other”), and the highest road classification that applied was the “County Road” designation.

APPENDIX B

United States Abbreviations:

Alabama	AL	Idaho	ID	Missouri	MO	Pennsylvania	PA
Alaska	AK	Illinois	IL	Montana	MT	Rhode Island	RI
Arizona	AZ	Indiana	IN	Nebraska	NB	South Carolina	SC
Arkansas	AR	Iowa	IA	Nevada	NV	South Dakota	SD
California	CA	Kansas	KS	New Hampshire	NH	Tennessee	TN
Colorado	CO	Kentucky	KY	New Jersey	NJ	Texas	TX
Connecticut	CT	Louisiana	LA	New Mexico	NM	Utah	UT
Delaware	DE	Maine	ME	New York	NY	Vermont	VT
District of Columbia	DC	Maryland	MD	North Carolina	NC	Virginia	VA
Florida	FL	Massachusetts	MA	North Dakota	ND	Washington	WA
Georgia	GA	Michigan	MI	Ohio	OH	West Virginia	WV
Hawaii	HI	Minnesota	MN	Oklahoma	OK	Wisconsin	WI
		Mississippi	MS	Oregon	OR	Wyoming	WY

U.S. Territories:

American Samoa Islands	AM	Guam	GM	Puerto Rico	PR
		Marianas Islands	MK	Virgin Islands	VI
Canal Zone	CZ	Marshall Islands	MH	Wake Island	WK
Caroline Islands	CG	Midway Islands	MW		

Canada and other Foreign Countries:

Canada:					
Alberta	AB	Newfoundland	NF	Prince Edward Island	PE
British Columbia	BC	Nova Scotia	NS	Quebec	PQ
Manitoba	MB	Northwest Territory	NT	Saskatchewan	SN
New Brunswick	NK	Ontario	ON	Yukon Territory	YT
Other Foreign Countries:					
Australia	AU	Ireland	IE	Scotland	SS
China	CN	Italy	IT	South Africa	ZA
Egypt	EG	Japan	JP	Soviet Union	SU
England	EN	Korea-N	KP	Spain	ES
France	FN	Korea-S	KR	Turkey	TR
Germany	DE	Libya	LY	Vietnam	VN
Greece	GR	Mexico	MX	All Others and International D.L.	YY
Hong Kong	HK	Saudia Arbia	SA		

APPENDIX C

(Vehicle Body Styles)

Passenger Vehicles (registered as)		Trucks (registered as)	
AM	Ambulance	AR	Armored Truck
CV	Convertible	BU	Bus
HB	Hatchback	CB	Cabover
LM	Limousine	CC	Conventional Cab
PK	Pick-up (trucks)	CM	Concrete Mixer
SV	Sport Van (Mini-Van)	DP	Dump Truck
SW	Station Wagon	FB	Flat-bed Truck
UT	Utility (SUV)	FT	Fire Truck
2D	2-door	GG	Garbage or Refuse
4D	4-door	GN	Grain Truck
2W	2-Door Wagon	MH	Motor Home
4W	4 Door Wagon	PD	Parcel Delivery
		PK	Pickup Truck
		SV	Sports Van (Mini-Van)
		UT	Utility (SUV)
		VN	Van
		WK	Tow Truck Wrecker
		2W	2 Door Wagon
		4W	4 Door Wagon
		TK	Truck/Other (If not shown above)
Note: Some vehicles may be plated either as passenger vehicles or as trucks.			

GLOSSARY

Abrasion	Scraping of the skin surface that may be accompanied by minor bleeding.
Air bag deployed	An airbag that has been activated (deployed) due to an unstabilized condition.
<u>Aggressive Driving</u>	Two or more driver behavior actions that occur in a relatively short distance that include but not limited to: following too close, failure to signal lane changes, speeding, driving on the shoulder, cutting back into lane without sufficient clearance, etc.
Alcoholic Beverages	If the driver's consumption of alcoholic beverages was a factor in causing the crash, it can be selected as a primary cause. If the driver alcohol consumption, had little bearing on the crash, select it as a contributing cause.
Apparently Normal	Driver does not appear to be in an abnormal physical or mental state.
Barrier Wall	A device which provides a physical limitation through which a vehicle would not normally pass and is designed to contain or redirect an errant vehicle.
Bus	A bus is a motor vehicle consisting primarily of a transport device (cargo body style) designed to transport nine (9) or more occupants.
Bridge	A structure, including supports, carrying a roadway, railroad, etc. over an obstruction such as water, a railway, or another roadway, having an opening of 20 feet (6 m) or more measured along the center of the structure.
Bridge Overhead Structure	Any part of a bridge that is over a roadway. In crash reporting, this typically refers to the beams or other structural elements supporting a bridge deck.
Bridge Parapet End	A short, usually concrete wall built along the edge of a bridge deck, designed to act as a buffer to lessen the severity of a collision.
Bridge Pier or Abutment	A bridge pier is a support for a bridge structure other than at the ends. A bridge abutment is the end support for a bridge.
Bridge-Rail	A barrier attached to a bridge deck or a bridge parapet to restrain vehicles, pedestrians or other users.

Cargo-Loss or Shift	The release of the goods being transported from the cargo compartment of a vehicle, or the change in the position of the goods within the cargo compartment.
<u>Carrier Name</u>	The name of an individual, partnership or corporation responsible for the transportation of persons or property.
Cataclysm	An act of nature (flood, lightning, tornado, etc.).
Chain of Events	See unstabilized situation.
Cited	When a person involved in a crash is arrested (traffic or criminal) for a violation relating to the motor vehicle crash.
Collision	A motor vehicle crash other than an overturning vehicle in which the first harmful event is a collision of a motor vehicle in motion with another road vehicle, property, animal or pedestrian.
<u>Commercial Vehicle</u>	<p>1) A Truck: A vehicle equipped for carrying property and having a Gross Vehicle Weight Rating (GVWR) or Gross Combination Weight Rating (GCWR) over 10,000 pounds.</p> <p>2) A Bus: A motor vehicle designed to transport 9 or more occupants.</p> <p>3) Any Vehicle: Displaying a hazardous materials placard.</p>
Complaint of Pain	The injured person complains of pain and no visible injury is observed.
Construction Zone	It begins with the first actual lane restriction or required reduction in speed and ends when the lanes are returned to a normal flow and normal speed.
Contributing Circumstances, <u>Driver</u>	The actions of the driver which may have contributed to the crash.
Contributing Circumstances, <u>Environment</u>	Apparent environmental conditions which contributed to the crash.
Contributing Circumstances, <u>Vehicle</u>	Apparent vehicle conditions which contributed to the crash.
Contusion/Bruise	An injury with discoloration of the skin or swelling with no skin breakage.
Culvert	An enclosed structure providing free passage of water under a roadway with a clear opening of twenty feet or less measured along the center of the roadway.

Dark-Lighted	The time between dusk and dawn, and when there are lights designed and installed to illuminate the roadway. This does not include lighting from storefronts, houses, etc.
Dark-Not lighted	The time between dusk and dawn, and when there are no lights designed or installed to illuminate the roadway.
<u>Deliberate Intent</u>	The classification given when a person acts deliberately to cause an event, this includes: suicide, homicide or legal intervention.
Driver	An occupant who is in actual physical control of a vehicle or, for an out-of-control vehicle, an occupant who was in control until control was lost.
Driver Distracted	When the driver's attention is diverted from driving. Excluding "cell phone and passenger distractions".
Driver's License Restrictions	Restrictions assigned to an individual's driver's license by the Bureau of Motor Vehicles.
Dump Truck (Cargo Body Type)	A truck, which can be tilted or otherwise manipulated to discharge its load by gravity.
Ejected	The occupant's body is completely thrown from the vehicle as a result of the crash.
Embankment	A structure of soil or rock above the original ground upon which a pavement structure is constructed.
Fatal Injury	Any injury that results in death within a 30 day period after the crash occurred.
Fell From Vehicle	A non-collision crash option in which an occupant (to include the driver) fell from the vehicle. This applies only to people and not to an object or a piece of cargo.
First Harmful Event	The first occurrence of injury or damage that classifies an event as a crash.
Flashing Signal	A traffic control signal that is flashing or a single light flashing red or yellow.
Flatbed (Cargo Body Type)	A single-unit truck, truck/trailer, or tractor/semi-trailer whose body is without sides or roof, with or without removable stakes which may be tied together with chains, slats, or panels.

Following Too Closely	A vehicle positioned too near another vehicle to permit safe response to any change in movement or behavior of the other vehicle. If an investigation shows that the vehicle was some distance behind the other vehicle and due to inattention or negligence, ran or slid into it, then DO NOT select this contributing circumstance.
Fracture/Dislocation	An injury where there is a fracture or possible fracture involving abnormal appearance of a limb joint accompanied by swelling and pain.
Garbage/Refuse (Cargo Body Type)	A single-unit truck having a body specifically designed to collect and transport garbage or refuse.
Grade	The inclination of a roadway, expressed in the rate of rise or fall in feet, per 100 feet of horizontal distance.
Grains/Chips/Gravel Truck (Cargo Body Type)	A truck with closed sides and bottom to carry grain, chips, gravel, etc.
Gross Combination Weight Rating (GCWR)	The value specified by the manufacturer as the loaded weight of a combination (articulated) motor vehicle. In absence of a value specified by the manufacturer, GCWR will be determined by adding the GVWR of the power unit and the total weight of the towed unit and any load thereon.
Gross Vehicle Weight Rating of a Power Unit (GVWR)	A value specified by the manufacturer for the power unit of a motor vehicle.
Guardrail	A longitudinal barrier consisting of posts and rails or cables.
Guardrail End	The first or last 25 feet of a guardrail measured from the end post.
Guardrail Face	The side of the guardrail nearest traffic.
Harness	A safety device used across the shoulder and chest to secure an occupant inside a vehicle in case of a crash.
Hazard Class	A group of hazardous materials that share dangerous characteristics. The U.S. DOT has identified nine hazard classes based on the dangers posed in transportation.
Hazard Class Number	The one or two digit number located at the bottom of a placard to identify its class of hazardous material.

Hazardous Materials	Any substance or material which has been determined by the U.S. Secretary of Transportation to be capable of posing an unreasonable risk to health, safety, and property when transported in commerce and which has been so designed under regulations of the U.S. DOT.
Hazardous Material Identification Number	The UN or NA “four digit number” assigned to hazardous materials and used for identification and emergency response.
<u>Hazardous Materials Placard</u> (Cargo Only)	A 10.8 inch diamond shaped sign that must be affixed to all four sides of a vehicle carrying hazardous materials. It will have a four-digit number in the middle of the placard and a one-digit number at the bottom that indicates the hazard class and specific material being carried.
Immersion	When a vehicle is partially or completely covered by a liquid.
Impact Attenuator/Crash Cushion	Devices placed in front of bridge abutments, support pillars, etc. that are designed to act as buffers to lessen the severity of a collision by gradually decelerating the vehicle to a safe stop or by redirecting the vehicle away from the hazard.
Improper Lane Usage	Examples: unsafe lane movement, failure to signal, violating lane regulations, etc.
Incapacitating Injury	A non-fatal injury that prevents the injured person from walking, driving or normally continuing the activities the person was capable of performing before the injury occurred. Hospitalization is usually required. Examples are: severe lacerations, broken limbs, skull fracture, crushed chest, internal injuries, etc.
<u>Indiana Cab Card</u> Registration Form	The registration form given to the owner of a CMV that is based and registered in Indiana. This form includes all vehicle and Single State Registration (R.S. 3 form) information.
Initial Impact Area	The area of the vehicle where first impact occurred.
Internal Injury	No signs of external injury, but complaint of extreme pain or signs of swelling, or discoloration are visible.
<u>Interchange</u>	A system of interconnecting roadways in conjunction with one or more grade separations, providing for the movement of traffic between two or more roadways on different levels.

Intersection

An area of roadway which is (1) at a crossing or connection of two or more roadways not classified as a driveway and (2) the area of the roadway measured less than 33 feet from the apex of two roadways at the curb or boundary line.

Jackknife

Occurs when a vehicle and the trailer(s) it is pulling rotate with respect to each other.

Lane Control

Includes centerlines, pavement markings (excluding RR pavement markings) and lane reflectors/delineators. It also refers to “Keep Right” signs and arrows, “Merge Right” signs, “Lane Ends” signs, and State Highway “Portable Arrow Boards”, etc.

Lane Marking Obscured

A roadway lane marking that is obscured by any material or object or not visible for any reason.

Lap Belt Only

The use or presence of only a lap safety belt either because the vehicle is equipped with only a lap belt or because the shoulder harness was not in use.

Latitude

The angular distance measured North and South. It must be reported in the form of degrees, minutes, seconds.

Legal Intervention

Legal intervention is a category of deliberate intent in which the person who commits the act is a law-enforcement officer or agent. Examples are roadblocks, P.I.T. maneuvers or the use of stop sticks, etc.

Light Support

A pole or post constructed to support a luminary for lighting a highway.

Local ID Number

This number should be a minimum of four (4) digits in length and unique in that it identifies the investigating agency and the individual report.

Longitude

The angular distance measured East and West. It must be reported in the form of degrees, minutes, and seconds.

Median

A divider placed between opposing lanes of traffic as a way to restrict or regulate its movement. For this manual, a grass median is considered drivable.

Minor Bleeding

Bleeding of a small wound with no evidence of a major blood vessel being involved.

Minor Burns	<p><u>1st Degree</u>: reddening of the skin accompanied by pain involving less than 20 % of the body.</p> <p><u>2nd Degree</u>: reddening of the skin accompanied by blisters and damage to the 2nd layer of skin.</p> <p><u>3rd Degree</u>: involves both layers of the skin accompanied by a charring look or white and dry appearance. Usually involves less than 2% of body surface, excluding hands, feet and face.</p>
Motorcycle	A two or three-wheeled motor vehicle designed to transport one or two people. Included are motor scooters, mini-bikes, and mopeds.
Motor Vehicle	A motor vehicle is any motorized, mechanically or electrically powered vehicle not operated on rails. See unique occurrences for information on special vehicles.
Non-Collision	Any vehicle crash that does not involve a collision.
Non-Incapacitating Injury	An injury, other than a fatal or incapacitating injury, which is evident to the officer at the scene of the crash and may require medical treatment. Although, hospitalization is usually not required. Examples are abrasions, minor bleeding and lacerations, etc.
Non-Motorist	Any person other than an occupant of a motor vehicle in motion. This includes pedestrians, pedalcyclist, skaters, etc.
Number of Vehicles	The total number of motor vehicles (i.e. automobiles, single-unit trucks, truck-combinations etc.) that were involved in the crash.
Object in Roadway	An object blocking a part of or the entire roadway.
Obstruction not Marked	An obstruction in or on the roadway that is not clearly marked by a light and/or a sign or signal.
Other Participant	Anyone at or near the scene who had a bearing on the crash, but was not directly involved. This could be a bicyclist, pedestrian, or driver who pulls out in front of a vehicle and causes a crash, but where no contact was made between the other participant and the vehicle.
Overcorrecting/Oversteering	The wide swing of a vehicle as result of an attempt to regain control of the vehicle, or over compensation to avoid an object in or near the roadway.
Overtaking/Passing	A vehicle that moves or attempts to move from behind another vehicle to a position in front of that vehicle.

Overturn/Rollover	A vehicle that has overturned at least 90 degrees on to its side.
Partially Ejected	When an occupant's body is not completely thrown from the vehicle as a result of a crash.
Pedalcyclist	Any occupant of a pedalcycle (bicycle, tricycle, unicycle, pedal car, etc.).
Pickup Truck	A motor vehicle designed to carry ten persons or less, with an exposed bed.
Pole Trailer (Cargo Body Type)	A trailer designed to be attached to the towing vehicle by means of a reach or pole, or by being boomed or otherwise secured to the towing road vehicle, and ordinarily used for carrying property of a long or irregular shape.
<u>Position in or on Vehicle</u>	The location of an occupant in, on, or outside of the motor vehicle at the time of the crash.
Possible Injury	Any injury reported or claimed which is not visible. (Example: The complaint of back or neck pain.)
Property Damage Only	A crash in which at least one vehicle or property is damaged but no occupants or non-motorists are injured.
Railway Crossing Device	Any sign, signal, or gate which warns of on-coming trains or train tracks crossing the roadway.
<u>Railway Vehicle</u>	Any vehicle (train/engine) that is designed primarily for, or in use for, moving persons or property from one place to another on rails.
<u>Ramp</u>	The section of road between the points where the ramp intersects with a controlled access highway and where it connects to the intersecting street or highway.
Ran Off Road	Failure of the driver to keep the vehicle within the roadway traffic lanes.
Rear-End – Type of Crash	A crash where the front of one vehicle impacts the rear of another vehicle.
Rear-to-rear – Type of Crash	A crash where the rears of two vehicles impact.
Road Under Construction	Roadway being constructed or resurfaced.

Roadway	The part of a trafficway designed, improved, and ordinarily used for motor vehicle travel.
Rumble Strips	Any manmade bump/indentation or combination put in the road surface of the travel lanes to alert drivers. This does not include any strips on the shoulder/berm.
Rural	Any area outside of a corporate limits.
School Bus	A motor vehicle used for transportation to or from a public or private school or school-related activity, when the vehicle is externally identifiable by the color yellow, the words "School Bus", with flashing red lights located on the front and rear, and identifying lettering on both sides indicating the school or school district served, or the company operating the bus.
School Zone	An area near a school designated by posted signs. Excludes: Times when a school is not in session (i.e. after hours, summer, sporting events, etc.).
Semi-trailer	A trailer, other than a pole trailer, designed for carrying property and so constructed that part of its weight rests upon or is carried by the power unit.
Severe Bleeding	A large wound or a wound involving a large vein or an artery, which has to be controlled by constant use of direct pressure or tourniquet.
Severe Burns	All burns that are complicated by injuries to the respiratory tract, soft tissues or bone structures. <u>1st Degree</u> : burns over 50% of the body surface. <u>2nd Degree</u> : burns over more than 15% of the body surface. <u>3rd Degree</u> : burns over more than 10% of body surface.
Severed	Any limb or part of the anatomy that is cut off from the body as a result of the crash.
Shoulder/Berm	A part of a trafficway running parallel with the roadway for emergency use.
Sideswipe, Same Direction	A crash where a vehicle's side impacts an object or another vehicle which is either stationary or moving in the same direction.
Sideswipe, Opposite Direction	A crash where a vehicle's side impacts an object or another vehicle which is either stationary or moving in the opposite direction.

Single State Registration Form (R.S.3)

A form issued by a state to a carrier who has been granted federal authority to operate interstate. The form will include the ICC # and/or US DOT #. It will also indicate what states the carrier is allowed to legally operate in and how many units the carrier can legally operate in each particular state.

Single-Unit Truck (3-or-more axles)

A power unit that includes a permanently mounted cargo body (also called a straight truck) that has three or more axles.

Single-Unit Truck (2-axle, 6-tire)

A power unit that includes a permanently mounted cargo body (also called a straight truck) that has only two axles and at least six tires on the ground.

Slowing or Stopped in Traffic

A vehicle that is slowing to prepare to stop or has already stopped in traffic at the time of the crash.

Speed Limit

Authorized speed limit for the vehicle at the time of the crash. The authorization may be indicated by the posted speed limit, flashing signs at construction zones, etc.

Sport Utility Vehicle (SUV)

A multi-purpose motor vehicle, designed for carrying less than 10 persons, which is constructed on a truck chassis or with special features for occasional off-road operation, other than a pickup truck. These vehicles are generally four-wheel-drive (4 x 4) and have increased ground clearance, and a gross vehicle weight rating (GVWR) of 10,000 pounds or less.

State DOT Number

An identification number required by the Indiana Dept. of Revenue for carriers who transport regulated freight or passengers solely within the State of Indiana or designated within the control of the State of Indiana.

Surface Condition

The roadway surface condition at the time and place of a crash. This includes weather on the road however, weather is not usually a primary cause of a crash.

T-Intersection

An intersection where two roadways connect and one roadway does not continue across the other roadway. The roadways form a "T". This does not include when a driveway accesses the roadway.

Telematics in Use	The combination of telecommunications and computing systems, which involves data communications between systems and devices. This does not include cell phones. Examples are: a satellite tracking system in a semi or MDT's in a police car.
Tractor (Semi)	A motor vehicle consisting of a single power unit device designed primarily for pulling semi-trailers.
Tractor/Semi-Trailer	A tractor that is pulling a semi-trailer.
Tractor/Double Trailer	A tractor that is pulling two (2) semi-trailers.
Tractor/Triple Trailer	A tractor that is pulling three (3) semi-trailers.
Traffic Circle/Roundabout	An intersection of roads where vehicles must travel around a circle to continue on the same road or to connect to an intersecting road.
Traffic Lane (Entering or Leaving)	A vehicle turning from one road on to the outside traffic lane of another road or from an outside traffic lane to exit or turn off the road.
Trafficway	Any land way open to the public as a matter of right or custom for moving persons or property from one place to another. This includes both public and private property (parking lots, drive ways, etc.).
Trailer	A trailer is a vehicle designed to be pulled by a power unit. Examples are: pole trailer, semi trailer, etc.
Trapped	Persons who are restrained in the vehicle by damaged vehicle components as a result of a crash, and who have to be freed from the vehicle.
Type of Roadway Junction	A junction is either an intersection or the connection between a driveway access and a roadway other than a driveway access.
Unstabilized Situation	A set of events not under human control. It starts when control is lost and ends when control is regained; or all persons and property are at rest or stabilized.
Urban	Any area inside a corporate limits.
<u>US DOT Number</u>	Required for all commercial motor vehicle's operating for compensation or hire, while transporting property or passengers in interstate commerce. Farm plated vehicles that do not leave Indiana and are not for hire are excluded.

Utility Pole	A pole or post constructed for the primary function of supporting an electric line, telephone line or other electrical/electronic transmission line or cable.
Van	A van is a motor vehicle consisting primarily of a transport device that has a gross vehicle weight rating of 10,000 pounds or less and is basically a “box on wheels” that is identifiable by its enclosed passenger and/or cargo area, step-up floor, and relatively short (or nonexistent) hood. Examples are: passenger vans, cargo or delivery vans, and van-based min-motor homes.
Van/Enclosed Box (Cargo Body Type)	A single-unit truck, truck/trailer, or tractor/semi-trailer having an enclosed body integral to the frame of the vehicle.
Vehicle Identification Number	A unique combination of alphanumeric characters assigned to a specific vehicle and formulated by the manufacturer or assigned by the state.
View Obstruction - Contributing Circumstance	An object which blocks the sight of a driver and contributed to the crash. Examples are: bush, tree, etc.
Wrong Way on One Way	When all the lanes of a road, street or highway are, by design, moving in the same direction and a vehicle is moving contrary to the design. This includes Interstates, ramps and divided highways.
Y-Intersection	An intersection where three roadways connect and none of the roadways continue directly across the other roadways. The roadways form the shape of a “Y”.